



THE HEALTH OF HOVE

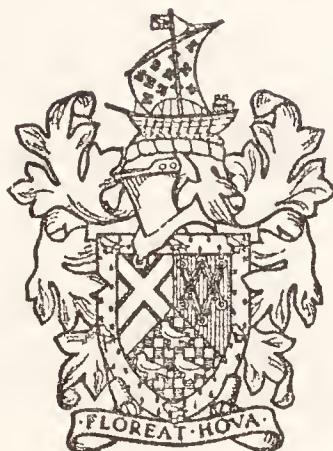
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BOROUGH OF HOVE



ANNUAL REPORT

of the

Medical Officer of Health

Principal School Medical Officer

and

Chief Public Health Inspector

for

1968

on the

HEALTH, WELFARE AND
SCHOOL HEALTH SERVICE

N. I. CONDON, M.B., B.Ch., B.A.O., D.P.H., L.M.

Medical Officer of Health and Principal School Medical Officer.

Town Hall Annexe, Third Avenue, Hove, Sx. Tel. B'ton 775400

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PUBLIC HEALTH COMMITTEE.

HIS WORSHIP THE MAYOR.

(Councillor L. J. E. Sykes)

THE DEPUTY MAYOR.

(Councillor D. J. Edmonds)

Chairman : Councillor H. G. Clark.

Vice-Chairman : Councillor S. S. Howard, M.B.E., F.P.S.

Councillor J. W. Day.

Councillor C. S. Leach.

Councillor H. Leonard.

Councillor C. Perry.

Councillor Dame Jean Rivett-Drake, D.B.E., J.P.

Councillor C. W. Sheppard.

Councillor Mrs. B. D. Wells.

Councillor A. Wickwar.

HEALTH AND WELFARE SERVICES COMMITTEE

HIS WORSHIP THE MAYOR.

(Councillor L. J. E. Sykes)

THE DEPUTY MAYOR.

(Councillor D. J. Edmonds)

Chairman : Alderman T. Benson.

Vice-Chairman : Councillor H. G. Clark.

Alderman Mrs. M. M. Roberts.

Councillor R. Burke.

Councillor J. W. Day.

Councillor S. S. Howard.

Councillor H. Leonard.

Councillor Dame Jean Rivett-Drake, D.B.E., J.P.

Councillor Mrs. B. D. Wells.

Councillor A. Wickwar.

Co-opted Member : Mrs. C. C. Gardam.

EDUCATION.

Special Services Sub-Committee

Chairman : Mrs. C. A. Clarke

Vice-Chairman : Councillor C. A. Fraser

Alderman P. Earl, M.M.

Councillor H. G. Clark.

County Councillor R. W. Corkling.

Councillor S. S. Howard, M.B.E., F.P.S.

Councillor Mrs. B. D. Wells.

Ex-Officio:

His Worship the Mayor, Councillor L. J. E. Sykes

Councillor G. H. Warren (Chairman—Committee for Education).

Councillor Dame Jean Rivett-Drake, D.B.E., J.P. (Vice-Chairman—Committee for Education).

PARTICULARS REGARDING STAFF

(As at 31st December, 1968)

Medical Staff :

Medical Officer of Health and Principal School Medical Officer :

N. I. Condon, M.B., B.Ch., B.A.O., D.P.H., L.M.

Deputy Medical Officer of Health :

D. M. Blomfield, M.R.C.S.Eng., L.R.C.P.Lond., M.B., B.S.Lond.,
D.P.H.

Assistant Medical Officers of Health :

A. Toal, L.R.C.P. & S.I.

J. Lodwick, M.B., B.Ch.

Vacancy.

Dental Staff :

Area Dental Officer :

A. Amdor, L.D.S., R.C.S.

Dental Officer :

A. R. Spackman, L.D.S., R.C.S.

Dental Surgery Assistants :

Mrs. D. M. Beeston.

Miss Y. S. Beard (Resigned March, 1968)

Miss I. A. Ward (As from 1st April, 1968)

School Health Service :

Senior Clerk :

L. DeJonquieres.

Clerks :

Mrs. I. M. Walder (Retired 12th April, 1968)

Miss B. J. Lenton (As from 13th May, 1968)

Health Visiting Staff :

Area Nursing Officer :

Miss G. Nicholson, R.F.N., S.R.N., S.C.M., H.V., Q.N.

Deputy Area Nursing Officer :

Miss K. R. Bryant, S.R.N., S.C.M., H.V., Q.N.

Assistant Area Nursing Officer :

Miss B. E. Browning, S.R.N., S.C.M., H.V., Q.N.

Health Visitors :

Mrs. J. E. Bard, S.R.N., S.C.M., H.V.
Mrs. I. M. Miles, S.R.N., S.C.M., H.V., Q.N.
Mrs. M. Goldsmith, S.R.N., S.R.F.N., S.C.M., H.V.
Miss D. M. Hamilton, S.R.N., S.C.M., H.V.
Miss G. E. Jessiman, S.R.N., Q.N., H.V.
Mrs. A. G. Joyce, S.R.N., S.C.M., H.V.
Miss E. M. Kirkhope, S.R.N., S.C.M., H.V.
Miss I. M. Perrin, S.R.N., S.C.M., H.V.
Mrs. I. W. Petherick, S.R.N., S.C.M., N.S.R., H.V.
Miss O. R. Wigner, S.R.N., S.C.M., H.V.
Mrs. B. Warbrick, S.R.N., S.C.M., H.V.
Miss J. Van't Veen, S.R.N., S.C.M., H.V., Q.N.
Miss A. O'Brien, S.R.N., S.C.M., H.V.
Miss A. C. Devine, S.R.N., S.C.M., Q.N., H.V.

Geriatric Visitors :

Miss S. Hoad, S.R.N., S.C.M., H.V., Q.N.
Miss B. R. Saunders, S.R.N., S.C.M., H.V.
Mrs. J. E. Richardson, S.R.N., S.C.M., H.V.
Miss S. M. Holloway, S.R.N., S.C.M., H.V.

Tuberculosis Visitor

Miss E. N. I. Ollis, S.R.N., S.C.M., H.V., Q.N.

Nursing Staff :

Area Nursing Officer : Miss G. Nicholson, R.F.N., S.R.N., S.C.M., H.V., Q.N.
Deputy Area Nursing Officer : Miss K. R. Bryant, S.R.N., S.C.M., H.V., Q.N.
Assistant Area Nursing Officer : Miss B. E. Browning, S.R.N., S.C.M., H.V., Q.N.

General Nurses (Female) S.R.Ns.:

Mrs. A. E. Poole, S.R.N.
Mrs. D. M. E. Haughey, S.R.N. (Retired 9th August, 1968)
Miss F. K. M. McCallum, S.R.N., Q.N.
Mrs. E. M. Sibley, S.R.N., S.C.M., Q.N.
Miss O. Birch, S.R.N., Q.N.
Miss E. J. Timberlake, S.R.N.
Mrs. G. Le Pen, S.R.N., Q.N., S.C.M.
Mrs. N. Farrell, S.R.N., S.C.M., Q.N.
Miss J. Prodger, S.R.N.
Miss M. B. Smythe, S.R.N., Q.N.,
Miss S. B. Grinham, S.R.N., R.S.C.N., S.C.M.
Miss C. Dillane, S.R.N., Q.N.
Miss J. M. Stokes, S.R.N., R.F.N.

Miss D. Collings, S.R.N., Q.N.
 Miss N. G. Scobie, S.R.N., S.C.M., Q.N.
 Miss C. Marini, S.R.N.
 Mrs. I. G. Smith, S.R.N., S.C.M.
 Miss M. L. Hanna, S.R.N.(N.Z.).
 Miss A. Garsin, S.R.N.
 Mrs. K. Wolstonholme, S.R.N., S.C.M., Q.N.
 Mrs. C. E. Holmes, S.R.N.
 Miss P. M. Gulliver, S.R.N.
 Mrs. M. Sheriff, S.R.N. (Resigned 1st August, 1968)
 Mrs. M. M. Pancoust, S.R.N., Q.N.

General Nurses (Male) S.R.Ns.:

J. R. Colchester Hall, S.R.N., R.M.N.
 O. R. Griffiths, S.R.N., O.N.D., Q.N.
 R. W. Holden, S.R.N., R.M.N., Q.N.

General Nurses (Female) S.E.Ns.:

Miss K. M. Edwards, S.E.N.	Mrs. J. R. Young, S.E.N.
Mrs. A. L. Taylor, S.E.N.	Miss R. Doughty, S.E.N.
	Miss C. S. Bremner, S.E.N.

Midwives :

Miss Y. E. Ray, S.R.N., S.C.M.
 Mrs. R. Collingridge, S.R.N., S.C.M.
 Miss J. P. McLuskie, S.R.N., S.C.M.
 Miss F. Wilderspin, S.R.N., S.C.M.
 Mrs. B. K. Chappell, S.R.N., S.C.M.
 Miss D. M. Keys, S.R.N., S.C.M.
 Miss D. L. Templeton, S.R.N., S.C.M. (Resigned 5th March, 1968)
 Mrs. H. Tidy, S.R.N., S.C.M.

Nursing Auxiliaries (Part-time)

Mrs. D. Bentley (Resigned 29th November, 1968)
 Mrs. E. Hoad (Resigned 31st October, 1968)

Home Help Service:

Home Help Organiser

Mrs. F. Jackson

Assistant Home Help Organiser (Part time) :

Mrs. Q. M. I. Allanson

Clerk

Mrs. V. Denney

Clerical Staff :

Senior Administrative Assistant : F. L. Peet

Clerks :

J. F. Johnson
 Mrs. V. A. Nicholls (Retired 2nd July, 1968)

Mrs. M. Stacey
Mrs. E. Macdonald (Welfare Foods Clerk)
Mrs. G. Sanders
Mrs. P. Stoneham (Resigned 30th August, 1968)
Mrs. P. S. A. Hughes (Part-time)
Miss S. A. Franklin
Miss S. R. Moore
Miss S. V. Amerina

Co-ordinating Secretary for the Elderly :

Mrs. G. F. Parry, S.R.N. (As from 14th October, 1968)

Day Nursery :

Matron : Mrs. M. M. Waters, S.R.N., R.S.C.N., S.C.M.

Deputy Matron : Miss E. Gillam, S.E.A.N., Nursery Nurses' Diploma.

Senior Mental Welfare Officer :

L. Oliver, M.S.M.W.O., R.M.P.A., S.R.M.N., R.G.N.

Mental Welfare Officers :

Miss D. F. M. Carter, M.S.M.W.O.

D. B. Roberts, S.R.N., S.R.M.N.

A. J. Stevens, S.R.N., S.R.M.N., M.S.M.W.O.

Social Welfare Officers of the Blind :

B. J. Clark.

Miss S. Breton

Mrs. H. Butterworth

Chiropodists :

Mrs. M. Fine, M.F.Ch., L.Ch.(Lond.), H.Ch.D., S.R.Ch.
(Sessional)

Mrs. V. Phillips, M.S.S.Ch., M.B.Ch.A. (Sessional)

Mr. S. B. Newman, M.Ch.S., S.R.Ch. (Sessional)

Public Analyst :

T. E. Rymer, F.R.I.C.

Public Health Inspector's Staff :

Chief Public Health Inspector :

J. F. Pickles, M.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector :

J. Clements, M.A.P.H.I.

Public Health Inspectors :

S. Barker, M.A.P.H.I.

A. J. J. Cranmer, M.R.S.H., M.A.P.H.I. (Commenced August, 1968)

A. J. Cyster, M.A.P.H.I. (Commenced September, 1968)

A. Mooring, M.A.P.H.I.

R. W. Plummer, P.H.I.E.B. and R.S.H. (Resigned April, 1968)

B. A. Williams, M.A.P.H.I.

Students :

D. B. McClymont

N. F. Divers

Technical Assistant :

D. Young

Clerks :

Mrs. I. Rattue

Miss P. Ockenden

Miss P. Wilson (Resigned 24th December, 1968)

Miss L. A. Sharpe (Resigned 19th April, 1968)

Rodent Operators :

D. J. Pomfrey

J. T. McGregor (Retired 10th November, 1968)

H. Mitchell (Commenced 11th November, 1968)



BOROUGH OF HOVE

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

FOR 1968

To the Mayor, Aldermen and Councillors of the Borough of Hove.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for 1968. This is the fourth report for which I have been responsible and it follows the same pattern as the previous two years, when an attempt was made to give a more readable and concise picture of the much varied work of the department. A great deal of the work carried out is mainly repetition, but in this introduction and the report on pages 57-60 I have commented on new or changing situations.

The Registrar General's estimated mid-year resident population for the Borough is 71,480, which is the lowest figure since 1960.

The Death Rate in Hove is comparable with the national figure for England and Wales, the Birth Rate being lower than the national average.

The Infant Mortality Rate has shown a substantial decrease compared with the 1967 figure. The Infant Mortality Rate is calculated from the number of deaths of children under the age of 1 year. The main causes of deaths among these babies are congenital defects, immaturity, injuries at birth, infections and accidental suffocation from vomit, food or foreign body. These deaths reflect genetic factors, maternal health, standards of ante-natal care and home environment. Much research is being carried out into the causes of congenital defects and immaturity.

The standard of care provided by the domiciliary services is very high and this standard must be maintained.

There has been a marked reduction in the Infant Mortality Rate among illegitimate babies and this is a very hopeful sign, as it appears that the unmarried mother is now coming forward for help, and is doing so much earlier in her pregnancy. How the Abortion Act and the Pill is going to affect the statistics of the unmarried mother remains to be seen. I do, however, see an overall reduction in the number of illegitimate births.

The high Infant Mortality Rate among illegitimate babies has of course an adverse effect on the overall figures. It is pleasing to record that all infant mortality figures have shown a reduction compared to last year. Again there has been no maternal mortality this year, in fact there has not been one since 1963, and it is hoped that this record is maintained.

It will be noted that over 90% of the deliveries take place in hospital, i.e. Southlands, Sussex Maternity or Brighton General. The vast majority of these cases are discharged within 48 hours if conditions are satisfactory. These cases are carefully selected by Consultants. The mothers are admitted early in labour and if the immediate post-natal period is satisfactory, they and their babies are discharged within 48 hours, when our domiciliary midwifery staff take over the supervision of each case. It is hoped that in the near future our own staff will be able to follow their own cases into hospital and carry out the delivery there. When the mother has been discharged home with her baby the midwife will continue to attend her. This arrangement will be very much welcomed by the mothers, as they are sometimes very worried about having to go into hospital, which to all intents and purposes, is full of strangers.

Deaths from certain forms of cancer are certainly avoidable. If more ladies attended the Cytology Clinic, where examinations are carried out to detect early cancer of womb and breast, these figures would almost certainly show a very welcome reduction.

Coronary artery disease is a condition which is causing increasing concern in the field of medicine and research. This year deaths from this disease have shown an increase of over 27% compared with last year. It is more common in males than females, the ratio being approximately 5 male — 2 female, the middle age males being the main victims. Many factors play a role in this disease, but perhaps the biggest ones are excessive cigarette smoking, which causes an increase in heart rate and blood pressure, lack of physical activity—less coronaries among heavy manual workers—and dietary factors. Considerable research is going on in an attempt to understand the cause of this condition. Reduction in cigarette smoking also reduces the risk of cancer of the lungs, bronchitis and other conditions.

Infectious Diseases

248 cases of Infectious Disease were notified during 1968, against 868 in 1967. There was a considerable drop in measles notifications

from 808 in 1967 to 147 in 1968. The number of Scarlet Fever notifications increased from 15 in 1967 to 46 in 1968, the highest figure since 1960, and pneumonia accounted for 25 against 5 in the previous year. Infective Jaundice became notifiable during 1968 and 6 cases were notified. Whooping Cough cases numbered 10 (1967 — 37). There were no outbreaks of food poisoning and only one individual case was notified.

During the year a measles vaccine was introduced and on the advice of the Ministry of Health a campaign was started whereby children between the ages of 4 and 7 years, and who had not already had measles, were offered an injection which would reduce considerably their chances of getting the disease. The campaign has now been completed, and the vaccine is now being offered to all young children. It is hoped that this vaccine will put an end to the big measles epidemics.

The increase in venereal diseases still continues, but this is a world-wide problem. During the year the Medical Officers of Health in this area met their Hospital colleagues who are concerned with this problem, to discuss ways the Local Authority staff can help the Venerealogist in his battle against venereal disease. It may be that after further discussions we may be able to give more support in this field, particularly in the work of contact tracing.

Staff :

Mr. R. W. Plummer, Public Health Inspector, resigned on the 15th April, 1968 in order to take up another appointment in London. Mr. A. J. J. Cranmer joined the staff as a Public Health Inspector on 19th August, 1968, and Mr. A. J. Cyster also accepted a post as Public Health Inspector on the 9th September, 1968, and with Mr. Cyster's appointment this particular section of the department was brought up to full strength for the first time for a long period. Miss O. Wilson resigned her post as Shorthand/Typist on 24th December, 1968. By the end of the year two new junior clerks were installed in the General Office.

Taking the year as a whole, the staffing situation in the Public Health Section of the department, as opposed to the Health and Welfare Section, has been rather easier and changes have been less frequent. It is hoped that this trend will continue.

Conclusion :

As in previous years I would like to express my appreciation to all those who in their several spheres have constantly and loyally supported me throughout the year, and in particular my Deputy, Dr. Blomfield, Mr. Pickles, the Chief Public Health Inspector, who has again relieved me of any worries on the sanitary side.

I would also like to thank the Chairman and Members of the Public Health Committee for their continued support and encouragement.

N. I. CONDON,
Medical Officer of Health.

PART I
VITAL AND GENERAL STATISTICS

VITAL AND GENERAL STATISTICS 1968

Area	..	..	..	..	(Acres)	4,010 $\frac{3}{4}$
Population (Census 1921)	..	..	..	..		46,519
Population (Census 1931)	..	..	..	..		54,993
Population (Census 1951)	..	..	..	..		69,435
Population (Census 1961)	{ Males 29,929 Females 42,914 }				..	72,843
Population—Mid-1968 (General Register Office Estimate)						71,480
Rateable Value (1st April, 1968)	..	..	..	..		6,131,040
Sum represented by a penny rate	..	..	..	..		24,833

Deaths

1968 : 1,566 (665 male, 901 female)

1967 : 1,460 (586 male, 874 female)

1968 : Standard rate : 21.90. Nat. Average : 11.9. Corrected rate : 11.82

1967 : Standard rate : 20.23. Nat. Average : 11.2. Corrected rate 10.72

							1967	1968
Cancer	..	..	..	..	..	..	277	262
Measles	..	..	..	..	..	..	<i>Nil</i>	<i>Nil</i>
Whooping Cough	..	..	..	..	..	..	<i>Nil</i>	<i>Nil</i>

Mothers and Infants

Live Births :

1968 : 733 (365 male, 368 female)

1967 : 799 (420 male, 379 female)

1968 : Standard rate : 10.25. Nat. Average : 16.9. Corrected rate : 13.94
(per 1,000 population)

1967 : Standard rate : 11.07. Nat. Average : 17.2. Corrected rate : 15.05
(per 1,000 population)

							1967	1968
Illegitimate Live Births (per cent of total live births)							16.89	19.64

Mothers and Infants (<i>continued</i>)		1967	1968
Stillbirths : .. .. .	.. .. .	13	4
Rate per 1,000 total live and still births	..	16.00	5.42
Total Live and Still Births :	.. ..	812	737
Infant Deaths (deaths under one year)	.. ..	15	11
Infant Mortality Rates :			
Total Infants deaths per 1,000 total live births		18.77	15.00
Legitimate infant deaths per 1,000 legitimate live births .. .. .	.. .. .	15.06	13.58
Illegitimate infant deaths per 1,000 illegitimate live births .. .. .	.. .. .	37.03	20.83
Neo-natal Mortality Rate (deaths under four weeks per 1,000 total live births) .. ..	.. ..	13.76	9.54
Early Neo-natal Mortality Rate (deaths under one week per 1,000 total live births) .. ..	.. ..	37.03	9.54
Perinatal Mortality Rate (still-births and deaths under one week combined per 1,000 total live and still-births) .. .. .	.. .. .	28.32	14.92
Maternal Mortality (including abortion) :			
Number of deaths	.. .. .	<i>Nil</i>	<i>Nil</i>

VITAL STATISTICS—ENGLAND AND WALES

48,593,000 (1968)

(Provisional data)

48,390,800 (1967)

	Number		Rate		
	1968	1967	1968	1967	
Live Births	*822,000	*832,000	16.9	17.2	per 1,000 population per 1,000 total births
Stillbirths	* 12,000	*12,500	14.0	14.8	
Deaths	577,000	542,519	11.9	11.2	
Infant Mortality (deaths under 1 yr)	15,000	15,267	18.0	18.3	per 1,000 live births
Neonatal Mortality (deaths under 4 wks)	10,100	10,356	12.3	12.5	per 1,000 live births
Early Neonatal Mortality (deaths under 1 wk.)	8,600	8,947	10.5	10.8	per 1,000 live births
Perinatal Mortality (stillbirths and deaths under 1 wk)	20,600	21,447	25.0	25.4	per 1,000 total births

* *Estimated*

1961 CENSUS—HOVE
(Resident population by five-year groups)

<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
0 - 4	1631	1664	3295
5 - 9	1677	1657	3334
10 - 14	2180	2104	4284
15 - 19	1951	2063	4014
20 - 24	1518	1758	3276
25 - 29	1381	1460	2841
30 - 34	1441	1685	3126
35 - 39	1717	2082	3799
40 - 44	1784	2276	4060
45 - 49	2187	2896	5083
50 - 54	2336	3171	5507
55 - 59	2282	3517	5799
60 - 64	2090	3832	5922
65 - 69	1942	3778	5720
70 - 74	1740	3495	5235
75 - 79	1184	2733	3917
80 - 84	642	1749	2391
85 - 89	253	767	1020
90 - 94	53	239	292
95 plus	7	51	58
Total	29996	42977	72973

SAMPLE CENSUS—1966

Male	Female	Total
30,780	41,850	72,630

BIRTHS

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
Domiciliary ..	94	—	94
Institutional ..	1007	7	1014
Total	1101	7	1108

PREMATURE LIVE BIRTHS

Weight at birth	Premature Live Births													Premature Stillbirths			
	Born in Hospital			Born at Home or in a Nursing Home													
				Nursed entirely at home or in a Nursing Home									Died				
				Transferred to hospital on or before 28th day													
(1) Total Births	(2) within 24 hrs. of birth	(3) in 1 and under 7 days	(4) in 7 and under 28 days	(5) Total Births	(6) within 24 hrs. of birth	(7) in 1 and under 7 days	(8) in 7 and under 28 days	(9) Total Births	(10) within 24 hrs. of birth	(11) in 1 and under 7 days	(12) in 7 and under 28 days	(13) in Hospital	(14) at home or in a Nursing home				
1. 2 lb. 3 oz. or less	4	1	3	—	—	—	—	—	—	—	—	—	1	—			
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	8	4	1	—	—	—	—	—	—	—	—	—	1	—			
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	10	—	1	—	—	—	—	—	—	—	—	—	1	—			
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	11	1	—	—	1	—	—	—	—	—	—	—	—	—			
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	21	1	—	—	—	—	—	—	—	—	—	—	—	—			
6. Total	54	7	5	—	1	—	—	—	—	—	—	—	3	—			

DEATHS, 1968—HOVE

<i>Cause of Death</i>	<i>Males</i>	<i>Females</i>
Enteritis and other diarrhoeal diseases ..	—	1
Tuberculosis of Respiratory System ..	1	3
Other Tuberculosis, including late effects ..	2	—
Malaria	1	—
Other Infective and Parasitic Diseases ..	1	2
Malignant Neoplasm—Stomach ..	9	14
do. Lung, Bronchus ..	52	19
do. Breast ..	—	21
do. Uterus ..	—	9
Leukaemia	4	6
Other Malignant Neoplasms, etc. ..	54	74
Benign and Unspecified Neoplasms ..	2	2
Diabetes Mellitus	4	6
Other Endocrine, etc., Diseases ..	—	1
Anaemias	1	3
Other Diseases of Blood, etc. ..	1	1
Mental Disorders	2	1
Meningitis	—	1
Other Diseases of Nervous System, etc. ..	12	13
Chronic Rheumatic Heart Disease ..	5	4
Hypertensive Disease	8	13
Ischaemic Heart Disease	183	206
Other Forms of Heart Disease	30	76
Cerebrovascular Disease	88	148
Other Diseases of Circulatory System ..	33	49
Influenza	19	27
Pneumonia	30	67
Bronchitis and Emphysema	51	28
Asthma	2	4
Other Diseases of Respiratory System ..	7	4
Peptic Ulcer	9	9
Intestinal Obstruction and Hernia ..	—	8
Cirrhosis of Liver	2	6
Other Diseases of Digestive System ..	5	6
Nephritis and Nephrosis	2	1
Hyperplasia of Prostate	2	—
Other Diseases, Genito-Urinary System ..	11	11
Diseases of Musculo-Skeletal System ..	1	4
Congenital Anomalies	4	1
Birth Injury, Difficult Labour, etc. ..	2	1
Other Causes of Perinatal Mortality ..	—	3
Symptoms and Ill-Defined Conditions ..	1	12
Motor Vehicle Accidents	8	2
All Other Accidents	6	25
Suicide and Self-Inflicted Injuries ..	9	9
All Other External Causes	1	—
	665	901
	TOTAL :	1,566

DEATHS IN AGE GROUPS 1968

4 weeks &

	Under 4 wks.		under 1 yr.		1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 & over	Total
Males	3	1	1	1	7	2	11	26	90	204	319	665
Females	4	3	1	—	—	1	4	23	76	177	612	901
Totals	7	4	2	1	7	3	15	49	166	381	931	1566

CANCER DEATH 1968

Cause of death	No. of deaths	Under 1 yr.	1- yr.	5- yrs.	15- yrs.	25- yrs.	35- yrs.	45- yrs.	55- yrs.	65- yrs.	75 and over	Total
Malignant Neoplasm Stomach	23 { M. F.	—	—	—	—	—	1	1	1	3	4	9
Lung and Bronchus	.. { M. F.	—	—	—	—	1	—	—	—	3	10	14
Breast ..	.. { M. F.	—	—	—	—	—	—	1	12	20	19	52
Uterus ..	21 { M. F.	—	—	—	—	—	—	1	5	8	5	19
Other Malignant and lymphatic neoplasms	9 { M. F.	—	—	—	—	—	1	4	7	5	4	21
Leukaemia	128 { M. F.	—	1	—	—	—	—	—	1	4	4	9
	10 { M. F.	—	—	—	—	—	1	2	9	11	30	54
		—	—	—	—	—	1	5	13	17	38	74
		—	—	—	—	—	1	—	—	1	2	4
		—	—	—	—	—	—	—	—	—	2	6
Totals ..	.. { M. F.	—	1	—	—	—	2	4	22	35	55	119
		—	—	—	—	1	2	10	26	41	63	143

DEATHS DUE TO VIOLENCE.

Male 23

Female 36

Total : .. 59

Classification :

		<i>Male</i>	<i>Female</i>	<i>Total</i>
Motor Vehicle Accidents	..	8	2	10
All other accidents	.. ..	6	25	31
Suicide and Self-inflicted injuries		9	9	18
		<hr style="width: 50%;"/>	<hr style="width: 50%;"/>	<hr style="width: 50%;"/>
		23	36	59
		<hr style="width: 50%;"/>	<hr style="width: 50%;"/>	<hr style="width: 50%;"/>

The principal causes of deaths during the year :—

		M.	F.	Total
Ischaemic Heart Disease	.. ..	183	206	389
Cancer (all forms)	.. ..	121	145	266
Cerebrovascular Disease	.. ..	88	148	236
Other Forms of Heart Disease	..	30	76	106
Pneumonia	.. .. ..	30	67	97
Other Diseases of Circulatory System		33	49	82
Bronchitis and Emphysema	..	51	28	79

PART II
CONTROL OF INFECTIOUS DISEASES

INFECTIOUS DISEASE - 1968

DISEASES NOTIFIED DURING THE YEAR.

			TOTAL CASES NOTIFIED.	
DISEASE.			1968	1967
Scarlet Fever	..	..	46	15
Whooping Cough		..	10	37
Measles	..	..	147	808
Pneumonia	..	..	25	6
Dysentery	..	..	10	—
Erysipelas	..	..	1	2
Food Poisoning	..	..	1	1
Meningitis	..	..	1	—
Ophthalmia Neonatorum		..	1	—
Infective Jaundice	..	..	6	—
			<hr/> 248	<hr/> 868

Poliomyelitis :

There were no cases of Poliomyelitis notified in the Borough during 1968.

Scarlet Fever :

Forty-six cases were notified during 1968.

1966 — 26 : 1967 — 15 : 1968 — 46

Distribution of Scarlet Fever cases by age group and sex.

Age Group	M.	F.	Total
Under 1 year	—	—	—
1 year	1	1	2
2 years	2	1	3
3 years	—	2	2
4 years	1	1	2
5—9 years	12	17	29
10—14 years	2	2	4
15—24 years	2	2	4
25 plus years	—	—	—
Age unknown	—	—	—
	20	26	46

Whooping Cough :

Ten cases were notified during 1968.

1966 — 11 : 1967 — 37 : 1968 — 10

Distribution of Whooping Cough cases by age group and sex.

Age Group	M.	F.	Total
Under 1 year	2	—	2
1 year	—	1	1
2 years	—	2	2
3 years	1	—	2
4 years	—	1	1
5—9 years	—	1	1
10—14 years	—	1	1
15—24 years	—	1	1
25 plus years	—	—	—
Age unknown	—	—	—
	3	7	10

Measles :

1966 — 61 : 1967 — 808 : 1968 — 147

One hundred and forty-seven cases were notified during 1968.

Age Group	M.	F.	Total.
Under 1 year	2	4	
1 year	7	6	
2 years	10	9	
3 years	13	13	
4 years	13	12	
5—9 years	30	16	
10—14 years	—	1	
15—24 years	3	3	
25 and over years	—	—	
Age unknown	1	4	
	79	68	147

Dysentery :

Ten cases were notified during 1968.

1966 — 2 : 1967 — 0 : 1968 — 10

Distribution of Dysentery cases by age group and sex.

Age Group	M.	F.	Total
Under 1 year	1	—	1
1 year	—	1	1
2 years	1	—	1
3 years	—	—	—
4 years	1	—	1
5—9 years	1	1	2
10—14 years	—	—	—
15—24 years	—	2	2
25 and over years	—	2	2
Age unknown	—	—	—
	4	6	10

Erysipelas :

One case notified during 1968.

1966 — 2 : 1967 — 2 : 1968 — 1

Food Poisoning :

One case notified during 1968.

1966 — 13 : 1967 — 1 : 1968 — 1

Pneumonia :

Twenty-five cases were notified during 1968.

1966 — 11 : 1967 — 6 : 1968 — 25

Distribution of pneumonia cases by age group and sex.

Age Group	M.	F.	Total
Under 5 years	1	1	2
5—14 years	1	—	1
15—44 years	—	—	—
45—64 years	4	3	7
65 plus years	2	13	15
Age unknown	—	—	—
	8	17	25

Meningitis :

One case notified during 1968.

Ophthalmia Neonatorium :

One case notified during 1968.

Infective Jaundice (*Only notifiable as from 15th June, 1968*) :

Six cases notified during 1968.

Age Group	M.	F.
Under 1 year	—	—
1 year	—	—
2—4 years	1	—
5—9 years	—	—
10—14 years	—	—
15—19 years	—	—
20—24 years	2	—
25—34 years	2	1
35—44 years	—	—
45—54 years	—	—
55—64 years	—	—
65—74 years	—	—
75 and over years	—	—
Age unknown	—	—
Total (All Ages) ..	5	1

TUBERCULOSIS, 1968

	New Cases						Inward Transfers						Deaths						Other Removals						Recovered						Cases on Register						Totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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TUBERCULOSIS

Hove Chest Clinic, 33 Clarendon Villas, Hove

Return for the year ended 1968

Table 1. Number of cases of tuberculosis (whether notified or not) under treatment supervision, or observation at 31st December, 1968.

Number of cases (including both out-patients and in-patients)

		Men	Women	Children	Total
1.	Respiratory ..	405	299	17	721
2.	Non-respiratory ..	10	10	—	20
3.	Total	415	309	17	741

4. Number of cases included in line 3 above whose broncho-pulmonary secretion was positive during the year = 15.

Table 2. Number of cases of tuberculosis (whether notified or not) new to the Clinic (but excluding transfers from other clinics) during the year ended 31st December, 1968.

			Men	Women	Children	Total
Not Bacteriologically confirmed	5.	Group 1	2	1	—	3
	6.	Group 2	—	—	—	—
	7.	Group 3	—	—	—	—
	8.	Total	2	1	—	3
Bacteriologically confirmed	9.	Group 1	3	1	—	4
	10.	Group 2	3	—	—	3
	11.	Group 3	2	—	—	2
	12.	Total	8	1	—	9
Non-respiratory	13.					3
Total lines 8, 12, 13						15

VENEREAL DISEASES.

Number of new cases in the Hove area during the year 1968

Number of new cases in the year									
Totals all venereal conditions		Syphilis				Gonorrhoea		Other venereal conditions	
		Primary and Secondary		Other					
M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
171	72	3	—	—	1	45	17	123	54

All cases are required to attend a Special Clinic held at the Royal Sussex County Hospital, Brighton as there is no Venereal Disease Clinic situated in Hove.

It will be seen from the table above that the total new cases increased by 22 (1967—221 ; 1968—243). There was a decrease in the number of cases of Gonorrhoea from 73 to 62. Other venereal conditions increased by 35.

**ENVIRONMENTAL HEALTH SERVICES
PART III**

ANNUAL REPORT
of the
CHIEF PUBLIC HEALTH INSPECTOR
for the year ending December, 1968

To the Right Worshipful the Mayor, Aldermen, Councillors of the Borough of Hove.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my report on the working of the Public Health Inspectorate during the year.

Nineteen-sixty-eight was again a year of some frustration due to the turnover of staff. The year began with the vacancy created by the resignation of Mr. Aston the previous April, this vacancy is still unfilled, and the resignation of Mrs. Wild at the end of 1967. Subsequently, Mr. Plummer left the department in April for a higher graded post in London. The two posts for Public Health Inspectors were ultimately filled by Mr. Cranmer and Mr. Cyster who commenced in August and September respectively. Miss Wilson a shorthand typist commenced in April and then resigned in December. A heavy burden was placed on the remaining staff and they are to be commended for keeping the wheels turning.

The Student Health Inspectors made good progress in their studies and as a result Mr. McClymont passed the intermediate examination of the Public Health Inspectors Examination Board and Mr. Divers passed his course examination enabling him to proceed to the second year of study.

In November Mr. McGregor, Rodent Operator, retired after many years of service with the Council and we wish him a long and happy retirement. Mr. Mitchell was appointed rodent operator in his place and we welcome him to the department.

When the staff position improved in September it was felt necessary to use the opportunity to direct attention towards the hygiene of the many hotels, guest houses and cafes in the town, particularly so when this opportunity came at the end of the season. The scheme was to visit these premises to give proprietors the chance to make alterations and do structural repairs during the less busy period of the year. This initial detailed study would then be followed by a study of food hygiene methods at these premises during the season. A good start had been made by the year end, giving two and a half times the number of primary visits made the previous year and four times the number of revisits. This resulted in $5\frac{1}{2}$ times the number of informal notices sent over the previous year. There are however still in existence premises that have "Queen Ann fronts and Mary Ann backs".

The need for such attention and particularly time for education in food hygiene is emphasised by an incident of food poisoning at an hotel in the town. Some members of a coach party were taken ill together with members of the housekeeping staff. They had abdominal pains and diarrhoea. Investigation by the public health inspector

showed that roast lamb was the likely cause. Samples of the lamb and faecal specimens were sent to the Public Health Laboratory for examination. The laboratory report identified the cause to be *Clostridium Welchii*.

Having now obtained this information it was established that the roast lamb had been part boiled and roasted on the day before it was served for lunch. This case was a classic example of incorrect cooking and storage of meat.

There is unfortunately insufficient staff time available to pursue a policy of food hygiene education in general although it is very important that persons handling and preparing food should be aware of the practice necessary to present "clean" food to the customer. This aspect of our work must receive close attention, particularly in view of the number of visitors to the town resulting in the increase in meals served during the summer season. The good name of the borough is involved.

During the year a number of food products were brought to the department with complaints concerning the presence of foreign bodies, and other unsound conditions, the most frequent involving moulds.

Bakery products seem to be the main items affected and this is probably due to the widespread practice of protecting food from contamination by pre-wrapping and pre-packing. The advantages of pre-packing such as less handling, protection against dust, dirt and bacterial contamination are often offset by the encouraged growth of mould. Mould growth is by development of microscopic spores under certain conditions. The progress of growth depends on the type of mould, temperature, relative humidity of the air in direct contact with the mould, moisture content of the material on which the mould rests, the nature of that material and the pH value of the material. Most important of these factors so far as bakery products are the relative humidity of the air surrounding the article, temperature of storage, and the number and type of mould spores contaminating the product.

Goods exposed for sale on an open counter during the day and then placed in a refrigerator overnight for sale the next day may cause condensation within the wrapper and this encourages mould growth. The longer products are kept the more chance there is of selling a mouldy product. Retail shops must pay particular attention to storage temperature and stock rotation.

Manufacturers are well aware of the wastage of their products due to mould and therefore realise that the maintenance of a high standard of hygiene is essential to cut down this wastage but I am not sure that this is also appreciated by all retailers of these products. Customers should also take care in the storage of these products in their homes to prevent spoilage.

The Government's white paper on Old Houses into New Homes contained some interesting features. Although home improvement has been encouraged for some years the rate of such improvement has

been slow due to many factors, finance being the usual main cause for many owners to hold back on improvement. The rent return on an improved house does not offer any incentive to owners to expend money on their property. Houses in Multiple Occupation are also mentioned in the White Paper. For sometime property of this kind has been exploited without Local Authority approval and many properties exist within the borough which are below a satisfactory standard. The lack of adequate provision of sanitary facilities, under-size rooms and means of escape in case of fire are the most common faults found. I am glad to see that the White Paper suggests that the letting of large houses in Multiple Occupation should be regulated by the Local Authority. The well equipped, properly conducted houses will not give owners any worries, but there are many houses which are unsuitably equipped and letting such houses gives rise to unhealthy living conditions.

Housing is still a major problem and in Hove the problem is aggravated by the lack of building land and the large percentage of senior citizens many suffering from arthritis and other disabling ailments who are, through circumstances, compelled to occupy single rooms on upper floors and are dependent entirely on outside assistance for their everyday requirements. The alternative for these citizens are well equipped purpose built blocks with individual rooms at ground floor level with help near at hand in the form of a resident warden, together with facilities to look after themselves by way of shopping and prepared meals.

The improvement of basement dwellings has continued with steady progress being made. This progress does help to keep in use units of housing which are needed within the town. Many more remain which still need this type of treatment to maintain their habitability and there is a need to maintain as much progress as possible in the renovation of these dwellings.

An increase in the contract payment for pigeon control enabled a better service to be given by the contractor. This resulted in good control being kept on the known flocks of birds. Various methods are used by the contractor all being useful but not 100 per cent effective. There is a situation, now existing, where those affected by the dirt and nuisance of these birds want the Local Authority to remove the birds, but on the other hand well meaning people, unaffected by this nuisance, throw bread and corn on to the roads to feed these birds. The pigeons in their close proximity to human beings are a health hazard which is undesirable. The efforts of the Local Authority to control this hazard should not be hampered when their effort is for the ultimate benefit of the citizens.

I am pleased to note that the number of complaints of rodents is lower than last year and that the ratio of visits to complaints is less. This is probably due to the experimentation and use of various poisons and baits. By varying the treatment the resistance of mice to Warfarin is

not so apparent as it was in the previous year. The service given by the Rodent Operators is still first class and so far as the charges to business premises are concerned very attractive.

Due to the present system of sewer baiting good control of rodents in the sewers has been achieved. This is shown in the small number of baits taken in the manholes during treatment. This control has probably brought about the reduction in rodent complaints on the surface.

Environmental Health has recently become general phraseology and is being used by other professions looking at life in general. Public Health Inspectors have always been concerned with the environment since it affects living and health. Noise, the siting of factories and roads near homes, air pollution and its affect on surroundings, food and water the additions which are made and the pollution of it, refuse removal and the unnecessary accumulation of refuse which affects the living conditions of citizens are all of basic concern to Public Health Inspectors who have striven for improvement since the late 19th century. At the present time pollution of one kind or another reaches enormous proportions which, if it is allowed to proceed unchecked would seriously interfere with the lives of people. Chemicals in food, discharges of waste into river, the sea and air, production of noise in the factory and towns, overcrowded houses all play their part in disturbing man's environment.

The part which Public Health Inspectors contribute in keeping such matters in check is therefore an important one but unfortunately this is not appreciated as widely as it might be. Only the ones closely concerned with the problem are the ones that realise the value of their services.

I concluded my report last year by saying that it had been a difficult year in many ways, and one can only look forward to improvement in future years. This year has been similar to last year with its difficulties, but there was some improvements towards the year end when the establishment was filled.

I wish to thank members of the Pubic Health Committee, Dr. Condon and Staff for their support and help, and to acknowledge the co-operation received from colleagues in the various departments of the Council.

J. F. PICKLES,
Chief Public Health Inspector.

SANITARY ADMINISTRATION OF THE BOROUGH

Summary of the work performed by the Public Health Inspectors

Number of complaints received during the year .. 846

(1) INSPECTIONS AND REVISITS

	INSPECTIONS		NOTICES	
	<i>Primary</i>	<i>Revisits</i>	<i>Informal</i>	<i>Statutory</i>
Dwellings				
Public Health Acts	709	2216	270	63
Infectious disease investigation	71	83	—	—
Infectious disease special visits ..	31	35	—	—
Dustbins	47	68	25	2
Verminous	67	51	3	—
Verminous Rooms Treated ..	5	9	—	—
Housing Acts	9	9	1	—
Overcrowding	3	2	—	—
In multiple occupation	189	679	10	—
Underground rooms	163	1860	—	—
Land Charge Enquiries	57	4	—	—
Food Premises				
Bakehouses	9	20	3	—
Cafes and Restaurants	87	183	35	—
Dairies and milk distributors ..	17	2	1	—
Fish Frying	8	8	3	—
Food manufacturing or preserva- tion	21	45	8	—
Hotels or other catering premises	98	167	70	—
Ice cream	10	4	3	—
Shops—Meats	56	94	18	—
Shops—other foods	179	228	51	—
Unsound food	140	59	5	—
Stalls and Delivery Vehicles ..	13	8	—	—

(1) INSPECTIONS AND REVISITS—*continued*

	INSPECTIONS		NOTICES	
	<i>Primary</i>	<i>Revisits</i>	<i>Informal</i>	<i>Statutory</i>
Factories				
Factories (except food) with mechanical power	18	19	7	—
Factories (except food) without mechanical power)	5	1	—	—
Factories (except food) outworkers	10	1	—	—
Drainage				
Drainage—Inspected existing ..	75	91	12	5
Drainage..Inspected new ..	2	3	—	—
Drainage—Tested existing ..	3	4	1	—
Drainage—Tested new ..	1	2	—	—
Miscellaneous				
Accumulations	96	169	33	1
Animals, keeping of	12	11	1	—
Hairdressing	3	2	—	—
Offices, Shops and Railway Premises Act	26	72	10	—
Rats and Mice	74	32	3	—
Samples—milk	80	6	—	—
Samples—other foods	67	9	—	—
Samples—water supply	36	1	—	—
Samples—swimming bath water	12	5	—	—
Shops—other than food ..	44	70	13	—
Smoke observations	47	5	1	—
Smoke observations visits re above	13	2	1	—
Tents, Vans and Sheds	1	—	—	—
Atmospheric pollution	43	44	3	—
Noise	63	74	2	—
Miscellaneous	135	67	—	—
<hr/>				
Totals	2855	6522	593	71
<hr/>				

(2) IMPROVEMENTS EFFECTED AS A RESULT OF
ACTION BY PUBLIC HEALTH INSPECTORS

Housing Defects				<i>Totals</i>
Baths, etc.	..	..	..	63
Ceilings	..	..	..	225
Chimneys	..	..	..	14
Conversions..	..	..	..	2
Dampness	..	..	..	418
Drainage	..	..	..	77
Dustbins	..	..	..	32
Firegrates	..	..	..	5
Floors	..	..	..	288
Food Storage	..	..	..	98
Overcrowding	..	..	..	1
Rain water pipe and gutters				102
Mechanical Ventilation	..			—
Redecoration	..	..	..	247
Roofs	..	..	..	92
Sinks/Washbasins	..	..	..	133
Soil and Wastes	..	..	..	74
Stairs	..	..	..	26
Walls	..	..	..	168
Waterclosets	..	..	..	97
Water supply	..	..	..	115
Windows	..	..	..	332
Yard Pavings	..	..	..	65
Miscellaneous	..	..	..	135
				— 2809

Food Premises

Decorations/Cleaning	..	..	..	74
Drainage	..	..	..	2
Floors	..	..	..	27
Lighting	..	..	..	25
Sinks, etc.	..	..	..	30
Ventilation	..	..	..	9
Walls/Ceilings	..	..	..	72
Washbasins	..	..	..	35
Water (cold)	..	..	..	17
Water (hot)	..	..	..	27
Windows	..	..	..	7
Miscellaneous	..	..	..	96
				— 421

Factories

Sanitary Conveniences (Sec. 7)	7
Miscellaneous	4
	<hr/> 11

Offices and Shops (except Food Premises)

Improvements effected are detailed separately below 138

Miscellaneous

Accumulations	36
Animals or Birds	5
	<hr/> 41
Total Improvements	<hr/> 3420 <hr/>

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Premises on register at end of year	993
Premises inspected and recorded during the year	66
Informal notices served	10
Visits by Inspectors to registered premises	217

During the year 138 contraventions were remedied, without recourse to legal proceedings.

Analysis of contraventions remedied

Cleanliness/Decoration	6
Overcrowding	1
Temperature/Thermometers	26
Ventilation	4
Lighting	5
Sanitary Conveniences Defective	6
Sanitary Conveniences Insufficient	2
Washing Facilities, Hot Water, Soap and Towel	9
Drinking Water	1

Clothing	1
Floors/Passages/Stairs/Handrails	29
First Aid	21
Miscellaneous (Abstract of Act/Incinerator/Marking of Conveniences)	27

Accidents

During the year 28 accidents have been notified, none of which had fatal results. These were all investigated and when required advice was given on the adoption of improved methods, and where necessary works were required to be carried out, in an endeavour to prevent further accidents. Detailed reports on all accidents were made to the Deputy Superintending Inspector of Factories for the South-Eastern Region.

The 28 accidents notified, occurred in different types of premises as follows :—retail shops and preparation rooms 17, offices, 3 whole-sale premises and warehouses 7, canteens 1.

FACTORIES ACT, 1961.

INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises.	Number on Register	Number of		
		Inspections	Written notices.	Occupiers prosecuted.
(i) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by Local Authorities ..	72	6	—	<i>Nil</i>
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ..	318	37	7	<i>Nil</i>
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	12	—	—	<i>Nil</i>
TOTAL ..	402	43	7	<i>Nil</i>

CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found.				No. of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of Cleanliness (S. 1) ..	—	—	—	—	—
Overcrowding (S. 2) ..	—	—	—	—	—
Unreasonable temperature (S. 3) ..	—	—	—	—	—
Inadequate ventilation (S. 4) ..	—	—	—	—	—
Ineffective drainage of floors (S. 6) ..	—	—	—	—	—
Sanitary Conveniences (S. 7)					
(a) insufficient ..	—	—	—	—	—
(b) unsuitable or defective ..	6	10	—	—	—
(c) not separate for sexes ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outworkers) ..	—	—	—	—	—
TOTAL ..	6	10	—	—	—

11 inspections of outworkers' premises were made during year occupied in connection with making of wearing apparel.

HOUSING UNDERGROUND ROOMS REGULATIONS

(1) Basements closed				1968	1957/67
Closing Orders made	..	..		8	402
Undertakings accepted	..	..		27	318
				<hr/>	<hr/>
Totals	..	..	..	35	720
				<hr/>	<hr/>
Closing Orders determined	..	..		23	197
Undertakings cancelled	..	..		18	271
				<hr/>	<hr/>
Totals	..	..	..	41	468
				<hr/>	<hr/>
(2) Basements made fit for habitation					
Following formal action	..	..		41	468
Following informal action	..	..		29	297
				<hr/>	<hr/>
Totals	..	..	..	70	765
				<hr/>	<hr/>
(3) Classification of basements inspected					
Vacant	..	..	..	38	359
Occupied	..	..	..	10	81
Re-housing applications	..	..		7	165
General Survey Area	..	..		—	1,118
Action taken under Section 9	..	..		—	7
				<hr/>	<hr/>
		Total	..	55	1,730
				<hr/>	<hr/>
(4) Number of building plan submissions				70	826
				<hr/>	<hr/>
(5) Total number of visits for all purposes, including discussion, negotiation and inspection of works					
	..	..		2,023	

HOUSING STATISTICS FOR THE YEAR 1968.

Number of new houses erected during the year :

(a)	By Private Enterprise	Houses	155
	New Flats	.. ..	169
	Additional Flats by conversion		137
(b)	By Local Authority		
	Houses	.. ..	—
	Bungalows	.. ..	—
	Flats (maisonettes)	..	141
	Conversions	.. ..	18

RENT ACT, 1957.

Number of Undertakings given by the Owner .. Nil

THE TOTAL NUMBER OF FAMILY UNITS OF ACCOMMODATION IN ALL PROPERTIES AT 31st DECEMBER, 1968.

Council Built :

Houses	.. ..	1317	
Bungalows	..	8	
Flats	.. ..	1133	
Old Peoples Flats	..	375	
		—	2833

Purchased Property :

Houses	.. ..	93	
Flats	.. ..	158	
Old Peoples Flats	..	72	
		—	323
			—
			3156
			—

THE PRESENT POSITION (31.12.68) AS TO OUTSTANDING APPLICATIONS FOR ACCOMMODATION IS AS FOLLOWS :

One or more Adults	.. ..	42
Man and wife only	.. ..	59
Man, wife and 1 child	..	176
Man, wife and 2 children	..	122
Man, wife and 3 children	..	58
Man, wife and 4 or more children	..	11
Aged persons	.. ..	94
		—
		562
		—

HOUSES IN MULTIPLE OCCUPATION

Housing Acts 1961/64

By the end of the year Statutory procedure to reduce overcrowding, and to secure the provision of adequate facilities as required by the Housing Acts and the Council's standards for houses of this type, had been taken, since 1961, as follows :—

Section 19 Direction Orders made by Council—24 houses.

Section 15/16 Notices requiring provisions of facilities including means of escape in case of fire—1 house.

Consequent upon these proceedings, the Council has revoked Direction Orders made in respect of five houses. In connection with the Section 15 and 16 notices referred to above, works to provide essential facilities and means of escape in case of fire have been completed during 1968 in order to comply with the requirements specified in these notices.

Overcrowding. Every possible effort has been made to reduce overcrowding, and to prevent the reletting of accommodation causing additional overcrowding, by persuasion and cautionary letters to Owners. In order to enforce the requirements of Direction Orders made by the Council, inspections are made every three months in order to take a census of the occupants of these houses. Although the Direction Orders are intended to obtain a reduction in overcrowding by preventing the Owner from reletting rooms, this is only achieved in a very few cases. This is due to the practical difficulties in enforcing the penal provisions of Section 19 and mainly the successes obtained have been by the use of persuasion. Although some Direction Orders have been operative for several years, there are seven houses which are still overcrowded.

Provision of facilities. During the year considerable time has been devoted to the inspection of properties referred to the department as being houses in multiple occupation, and to negotiating with Owners in order to obtain the provision of facilities, and means of escape in case of fire, required by Section 15 and 16 of the Housing Act 1961 and the Council's standards relating thereto. The position at the end of the year was as follows :—

Total number of houses recorded as being in multiple occupation and requiring investigation—127.

Action taken—awaiting inspection	..	..	25	houses
work outstanding	..	..	29	„
work in hand	..	..	22	„
work completed	..	..	24	„
no further action required	..	..	27	„
				<hr/>
				127 houses
				<hr/>

During the year work had been completed in a further eleven houses and at the close of the year work to provide facilities, was in hand at another twenty-two houses. In the eleven houses referred to improvements effected were as follows :—

Lighting

Natural lighting improved	1
Artificial lighting of stairs and passages provided ..	2

Ventilation

Natural ventilation improved	1
------------------------------------	---

Water supply provided	10
------------------------------------	----

Personal washing facilities

Baths	19
Wash-hand basins	12
Hot and cold water supplied	23

Sanitary conveniences

Waterclosets provided	11
Waterclosets improved	1

Storage of food

Ventilated food cupboards	56
---------------------------------	----

Preparation of food

Sinks	39
Hot and cold water supplies	42
Draining boards	39

Cooking of food

Cooking stoves	23
----------------------	----

Space heating

Rooms provided with electric or gas points ..	25
Rooms provided with gas fires	1

Overcrowding remedied

1 room comprising 3 persons

Means of escape in case of fire

Houses	5
--------------	---

FOOD AND DRUGS — TABLE A

Samples examined under the Food and Drugs Act

<i>Article</i>			<i>Number examined</i>			<i>Number Adulterated or otherwise giving rise to irregularity</i>		
			<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Angel Cake ..	..	—		1	1	—	1	1
Apple Flakes ..	..	—		1	1	—	—	—
Apple and Strawberry Jam ..	..	—		1	1	—	—	—
Apple Pie ..	..	—		1	1	—	1	1
Beefburgers ..	..	—		1	1	—	—	—
Beef Chipolatas ..	..	1		—	1	—	—	—
Mixed Beef ..	..	1		—	1	—	—	—
Bread ..	..	—		4	4	—	4	4
Bread Roll ..	..	—		1	1	—	1	1
Cream ..	..	—		11	11	—	2	2
Cheese Spread ..	..	—		1	1	—	—	—
Processed Cheese ..	..	—		1	1	—	—	—
Single Cream Cheese		1		1	2	1	1	2
Double Cream Cheese		—		1	1	—	1	1
Curd Cheese ..	..	1		—	1	1	—	1
Currant Bun ..	..	—		1	1	—	1	1
Cornish Pasty ..	..	—		1	1	—	1	1
Chicken Pie ..	..	—		1	1	—	—	—
Layer Cake ..	..	—		1	1	—	1	1
Crumpets ..	..	—		1	1	—	1	1
Chops, Pork ..	..	—		1	1	—	1	1
Energy Bar ..	..	1		—	1	—	1	1
Fresh Cream								
Chocolate Bun ..	..	—		1	1	—	1	1
Fresh Cream								
Chocolate Eclair		—		1	1	—	1	1
Fresh Cream								
Doughnut ..	..	—		1	1	—	1	1
Fresh Cream								
Rum Baba ..	..	—		1	1	—	1	1
Grapefruit Squash ..	..	—		1	1	—	—	—
Grape Juice, concentrated ..	..	—		1	1	—	—	—
Jelly, Cherry flavour		—		1	1	—	—	—
Jelly, Lime flavour ..	..	—		1	1	—	—	—
Jelly, Raspberry flavour ..	..	—		1	1	—	—	—
Jelly, Strawberry flavour ..	..	—		1	1	—	—	—
Orange Marmalade ..	..	—		1	1	—	—	—
Garden Peas ..	..	—		1	1	—	1	1
Pear Quarters								

Food and Drugs — Table A (continued)

			<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
in Syrup	—	1	1	—	—	—	—	—
Peeled Tomatoes ..	—	1	1	—	—	—	—	—
Pork Luncheon Meat	—	1	1	—	1	1	1	1
Pork Pie	—	1	1	—	—	—	—	—
Pork Sausages ..	2	2	4	—	2	2	2	2
Prawn Cocktail								
Dressing	—	1	1	—	—	—	—	—
Redcurrant Drink ..	—	1	1	—	—	—	—	—
Creamed Rice ..	—	1	1	—	—	—	—	—
Smoked Cod Roe ..	—	1	1	—	—	—	—	—
Smatana	1	1	—	—	—	—	—	—
Sugar Confectionary	—	2	2	—	1	1	1	1
Turkey and Ham Pie	—	1	1	—	—	—	—	—
Yeast	—	1	1	—	—	—	—	—
Yoghourt	—	1	1	—	1	1	1	1
Whisky	—	2	2	—	—	—	—	—
Baby Foods								
Bone and Vegetable								
Broth	—	1	1	—	—	—	—	—
Cheese and Macaroni	—	1	1	—	—	—	—	—
Chocolate Flavoured								
Custard Pudding..	—	1	1	—	—	—	—	—
Egg Custard and Rice	—	2	2	—	1	1	1	1
Orange, Egg and								
Honey Cereal ..	—	1	1	—	—	—	—	—
Vegetable and Beef..	—	1	1	—	—	—	—	—
Vegetable, Liver								
and Chicken ..	—	1	1	—	—	—	—	—
Asprin Tablets ..	—	3	3	—	—	—	—	—
Benzyl Penicillin ..	—	1	1	—	—	—	—	—
Cascara Evacuant ..	—	1	1	—	—	—	—	—
Friars Balsam ..	—	1	1	—	—	—	—	—
Gees Linctus ..	—	1	1	—	—	—	—	—
Injection Procaine ..	—	1	1	—	1	1	1	1
Milk of Magnesia ..	—	1	1	—	—	—	—	—
Meproamate								
(Equanil)	—	1	1	—	—	—	—	—
Parrish's Food ..	—	1	1	—	—	—	—	—
Phenylbutazone ..	—	1	1	—	—	—	—	—
Spirit of Sal Volatile	—	1	1	—	1	1	1	1
Zinc Ointment ..	—	1	1	—	—	—	—	—
	7	83	90	2	30	32		

TABLE B

Unsatisfactory Samples of Food

Apple Pie	The pie was in a mouldy condition caused by a <i>Penicillium</i> fungus.
Bread	(1) Foreign body in bread was found to consist of congealed mass of flour with a little grease and discoloured with iron. (2) After investigating a complaint of a foreign body in the bread it was found that this was caused by a bread crust remaining in the tin, being sprayed with grease and baked a second time. (3) The bread was in a mouldy condition.
Bread, Brown	The bread was in a mouldy condition and the retailer was fined £10 with £9 19s. costs.
Bread Roll	Contained foreign matter, namely a thick piece of black paper.
Cream	Two of the samples taken failed the Methylene Blue test.
Curd Cheese	Consisted of a medium fat soft cheese and it should have been described as such.
Double Cream Cheese	This was found to be 35 per cent deficient in milk-fat.
Single Cream Cheese	This was found to be 34 per cent deficient in milk-fat.
Angel Cake	This was a pre-packed chocolate flavoured sponge cake in a mouldy condition. The bakery was fined £20 with £9 19s. costs.
Layer Cake	A pre-packed filled sponge cake covered with a chocolate coating was in a mouldy condition. The bakery was fined £20 with £9 19s. costs.
Currant Bun	A stone was found in a currant bun and, upon analysis was found to be a fragment of calcareous rock, most likely source would be the dried fruit which was used in the preparation of the bun. The bakery was fined £20 with costs of £9 19s.
Cornish Pasty	The surface of the filling bore extensive mould growth of the <i>Penicillium</i> type.
Crumpets	The crumpets were contaminated with mould. The bakery firm were prosecuted and fined £50 with £9 19s. costs.
Chops, Pork	These two chops were inedible and possessed an offensive putrescent odour.
Energy Bar	The article was stated on the label to be "over 30 per cent Protein" and was found to be

deficient in protein to at least the extent of 23 per cent.

Fresh Cream Cakes	Four samples of fresh cream cakes failed the Methylene Blue test.
Garden Peas	A snail was found in a tin of garden peas. The manufacturers were prosecuted and fined £20 with costs of £9 19s.
Pork Luncheon Meat	When the tin of luncheon meat was opened it possessed a most objectionable odour and taste due to a bacteriological spoilage.
(1) Pork Sausages	(1) Sausages were in a mouldy condition.
(2) Pork Sausages	(2) Areas of mould growth of the Penicillium type were present on and between the sausages. The retailer was fined £5 with £7 17s. costs.
Sugar Confectionery	A peppermint sweet contained a piece of metal. The manufacturers were prosecuted and fined £20 with £9 19s. costs.
Yoghourt	Extensive mould growths of the Penicillium type were present in the article.
Baby Food	A can of egg custard with rice was bitter to the taste and the acidity was far greater than in a sample taken for comparison.

Unsatisfactory samples of Drugs

Procaine-Chlorbutol Injection	The injection was not one of Procaine-Chlorbutol. It consisted of a substance present to the extent of 0.5% in water together with a trace of metabisulphite. The injection did not correspond to any of the British National Formulary injections. Investigation revealed the cause but no legal proceedings could be brought.
Sal Volatile	This sample was 8 per cent deficient in free ammonia as judged by the minimum limit of the British Pharmaceutical Codex. Warning letter was sent to the Manufacturer.

SALE OF MILK UNDER SPECIAL DESIGNATION

The total number of dealers' licences under the Milk (Special Designation) Regulations 1963 and Milk (Special Designation) (Amendment) Regulations 1965 operating within the Borough during 1967 were as follows :—

Pasteurisers Licence	1
Pasteurised Milk	124
Sterilised Milk	45
Untreated Milk	22
Ultra Heat Treated	12

The 1965 amendment regulations now permit a new special designation "Ultra Heat Treated" for milk which has been processed by the Ultra Heat Treated method, i.e. heated to not less than 270° F. for not less than 1 second. Sixteen applications to use this designation have so far been received.

SAMPLES OF DESIGNATED MILK TAKEN DURING THE YEAR

Untreated Milk	..	..	79
Channel Island Pasteurised Milk	..		3
Pasteurised Milk	..	..	24
Sterilised Milk	..	..	1
Homogenised Milk	..	..	8

In addition to chemical analyses, milks are subject to tests which are specified in the Milk (Special Designation) Regulations.

These tests include the Methylene Blue Test which is a measure of the keeping quality of the milk, the Phosphatase Test which is a check on the efficiency of the pasteurisation process and the Turbidity Test which functions as a check on the heat treatment given to sterilised milk.

Samples which did not comply with the Statutory tests :—

Homogenised Milk	..	..	5
(These samples failed the Methylene Blue Test)			

BIOLOGICAL EXAMINATION OF MILK

No. of Samples of Untreated (Farm Bottled) Milk taken	..	79
None of the above samples were found to contain Tubercle.		

ANTIBIOTICS IN MILK

No. of samples taken	8
----------------------	----	----	----	----	---

The sampling was mainly confined to Untreated Milks which are farm bottled, namely those milks which are produced on home area farms and retailed as untreated milks. The samples were tested for the presence of antibiotic substances but the results were negative and none of the samples failed to comply with the presumptive standard of not more than 0.15 I.U. penicillin or equivalent/ml. of milk.

SAMPLES OF DESIGNATED ICE CREAM TAKEN DURING THE YEAR

Unwrapped Ice Cream	..	..	9
Wrapped Ice Cream	..	..	10

The results of these ice cream samples were placed in the following categories :—

Grade I	..	..	..	13
Grade II	..	..	..	2
Grade III	..	..	..	3
Grade IV	..	..	..	1

The grading of ice cream samples taken for bacteriological examination has no legal standing but is accepted as showing the standard of cleanliness achieved by manufacturers in relation to the ice cream samples.

Out of 19 samples taken 3 were grade 3, and 1 grade 4. Any sample which falls below grade 2 is said to be unsatisfactory.

The manufacturers of the samples which were unsatisfactory were notified and their plant and equipment examined during follow-up visits in an effort to improve the grading standard.

UN SOUND FOODSTUFFS

The following foodstuffs at shops and warehouses were condemned and voluntarily surrendered during the year :—

COMMODITIES	Packets	tons	cwts.	qrs.	lbs.	ozs.
Butter	—	—	—	—	12	8
Cereals	—	—	—	—	10	0
Cheese	—	—	—	—	18	13
Vegetables	—	—	—	—	16	2
Poultry	—	—	—	1	19	12
Meat (cooked and uncooked)	—	1	2	2	24	0
Fruit (fresh and dried) ..	—	—	1	0	15	0
Margarine and cooking fats ..	—	—	—	1	23	0
Preserves, confectionery, etc.	30 Easter eggs 131 bars choc.	—	1	1	4	14
Fish	—	—	1	3	3	8
Bread, cakes, biscuits, etc. ..	305 pkts.	—	—	1	17	0
Milk, cream, yoghourt ..	—	—	—	1	1	13
Sugar	—	—	—	—	8	0
Powdered drinks	—	—	—	—	1	0
Tea	—	—	—	3	0	0
Flour	24 pkts.	—	—	—	23	7
CANNED FOODSTUFFS						
Cereals	—	—	1	1	4	0
Fruit	5 tins	2	16	1	20	1
Fish	3 tins	—	2	2	14	3
Meat	48 tins	—	7	3	8	11
Milk, cream, etc.	—	—	2	3	8	7
Milk puddings	—	—	1	3	24	3
Preserves, etc.	—	—	—	3	3	10
Vegetables	—	—	13	3	18	6
Soup	24 tins	—	—	1	3	4
Soft drinks and fruit juices ..	7 tins	—	2	1	23	5
Baby foods	—	—	—	—	1	6

FROZEN FOODS

Fruit	..	..	..	..	—	—	—	—	16	8
Fish	..	..	..	..	128 pkts.	—	3	3	13	11
Meat	211 pies	}	—	2	2	12	7
					255 pkts.						
Vegetables	..	..	..	..	2 pkts.	—	9	1	2	9
Ice cream, etc.		..	..		54 mousse	—	2	0	11	0
					212 ice cream						
Pastry and cakes		..	..	..	83 pkts.	—	—	1	0	2
Miscellaneous	..	..	..	..	48 Oxo	—	2	2	7	5
					24 boxes						
					ice						
					pops						
					7 tins						
					assorted						
					items						

NUMBER OF FOOD PREMISES

Grocers and Provision Merchants	..	..	109
Confectioners and Manufacturers	..	..	124
Greengrocers	..	..	73
Butchers, Poulterers, Cooked Meat and Pies	..	..	44
Delicatessen	..	..	7
Bakers	..	..	32
Fishmongers (including friend fish)	..	..	23
Restaurants and Cafes	..	..	63
Canteens	..	..	4
Wine Stores, Brewery and Beer Bottling Stores	..	..	34
Hotels	..	..	83
Public Houses	..	..	32
Dairies and Milkshops	..	..	8
Kiosks and Coffee Stalls	..	..	2
Old People's Homes	..	..	27

PREVENTION OF DAMAGE BY PESTS ACT 1949

Rats and Mice

During the year the two rodent operators made 2,954 visits for the destruction of rats and mice in private houses, treatment being carried out at 759 premises.

Private Houses :

Rat Complaints	227	Mice Complaints	510
No. of Visits	748	No. of Visits	2,090
Rat and Mice Complaints	22		
No. of Visits	16		

Business Premises :

Rat Complaints	15	Mice Complaints	53
No. of Visits	74	No. of Visits	398
Rat and Mice Complaints	1		
No. of Visits	9		

Local Authority :

Rat Complaints	8	Mice Complaints	15
No. of Visits	21	No. of Visits	86
Rat and Mice Complaints	1		
No. of Visits	3		

Charges were made on the occupiers of 51 business premises during the year in respect of rodent operator services.

Routine annual treatment of sewers was carried out during the year, the treatment being confined, after test baiting, to the sewers on the older part of the town. A second treatment was also carried out in part of the area where infestation continued after the first treatment. 454 sewer manholes were baited on three successive occasions, the treatment being carried out in accordance with recommendations of the Ministry of Agriculture, Fisheries and Food.

DISINFESTATION 1968

Treatments Carried Out on Private Premises

<i>Infestation</i>	<i>Number of Premises Treated</i>	<i>Number of Treatments</i>
Fleas	55	56
Cockroaches and Beetles ..	7	7
Bed Bugs	2	2
Flies	1	1
Woodlice	1	1
Mites	1	1
Insects	1	1
Psocidæ	1	1
Total	69	70

Treatments Carried Out in Business Premises :

<i>Infestation</i>			<i>Number of Premises Treated</i>	<i>Number of Treatments</i>
Fleas .. ..	..	..	5	5
Cockroaches ..	..	..	6	6
Total .. ..	..	..	<hr/>11 <hr/>	<hr/> 11 <hr/>

BACTERIOLOGICAL EXAMINATIONS OF THE SWIMMING BATH WATER AT THE KING ALFRED

<i>Date</i>	<i>Plate Count Yeastrel Agar 1 day at 37°C. Aerobically</i>	<i>Probable Number of Coliform Bacilli, MacConkey 2 days, 37°C.</i>
Small Swimming Bath		
18th January	1 per ml.	Less than 1 per 100 ml.
28th February	14 per ml.	Less than 1 per 100 ml.
28th February	3 per ml.	Less than 1 per 100 ml.
25th June	8 per ml.	Less than 1 per 100 ml.
25th June	1 per ml.	Less than 1 per 100 ml.
23rd July	Less than 1 per ml.	Less than 1 per 100 ml.
5th September	3 per ml.	Less than 1 per 100 ml.
29th October	20 per ml.	35 per 100 ml.
29th October	40 per ml.	Less than 1 per 100 ml.
31st December	Less than 1 per ml.	Less than 1 per 100 ml.
31st December	2 per ml.	Less than 1 per 100 ml.

Large Swimming Bath

29th April	464 per ml.	Less than 1 per 100 ml.
29th April	3 per ml.	Less than 1 per 100 ml.
27th May	4 per ml.	Less than 1 per 100 ml.
27th May	1 per ml.	Less than 1 per 100 ml.
5th June	Less than 1 per ml.	Less than 1 per 100 ml.
5th June	Less than 1 per ml.	Less than 1 per 100 ml.
25th June	6 per ml.	1 per 100 ml.
5th September	5 per ml.	Less than 1 per 100 ml.
5th September	3 per ml.	Less than 1 per 100 ml.

PART IV

PERSONAL HEALTH SERVICES

Section 22. Care of Mothers and Young Children.

Section 22. Welfare Foods.

Section 23. Midwifery.

Section 24. Health Visiting.

Section 25. Home Nursing.

Section 26. Vaccination and Immunisation.

Section 28. Prevention of Illness, Care and After-Care.

Compulsory Removals—Nat. Asst. Act. Section 47.

Welfare of Blind, Deaf, Dumb and Crippled persons
Nat. Asst. Act. Sections 29/30.

Chiropody Service.

Cytology Service.

Section 29. Home Help Service.

Section 51. Mental Health Service.

PERSONAL HEALTH SERVICES

To : The Mayor, Aldermen and Councillors of the Borough of Hove.

Mr. Mayor, Ladies and Gentlemen,

The information on the following pages gives some indication of the work carried out by the various sections of my department during the year.

The Infant Welfare Clinics continue to be very busy. There is a continued need for these centres, although the stress is now centred on providing a child health service. The attendances have increased, although this year the increase is not very obvious because the Portslade Clinic figures are included in accordance with Ministry requirements.

The Relaxation Classes are very popular and are held weekly at the Welfare Clinics, where the mother is instructed on child birth as well as how to relax properly. This is very important, and because of it, mothers have a much easier child birth.

The Day Nursery carries out a very worth while function, and situated as it is in a very old building with four floors, the staff are doing a magnificent job. I would very much like to see a new purpose-built Nursery in its place. The type of child admitted into the Nursery today usually has a poor social background, i.e. unmarried mother, broken home and occasionally one or both parents are receiving psychiatric help. The present day attender from these situations can be a difficult child to control, needing more and more individual attention from the staff. The Matron and staff in our Day Nursery are carrying out a difficult task very well and they would welcome more visits from our Council members.

More children are being cared for outside their homes and a check is continually kept on child minders and private day nurseries. It is essential that they maintain a high standard at all times.

Perhaps the most important step taken during the year was the attachment of the Health Visitors and District Nurses to the General Practitioners. This scheme, which is at this stage a pilot one, is explained in more detail in the text of this report. The staff are now working in much closer harmony with the General Practitioners, which must be to the benefit of the patient. It may be that we shall soon have more requests for much closer liaison and this may necessitate a review of our nursing establishment.

The valuable work carried out by the Cytology Clinics also deserves much credit. Not only are tests carried out for cancer of the womb, but also breast and urine examinations. Those who attend are also shown how to carry out breast examinations in order to detect as soon as possible any abnormalities which may be present.

In 1967 the number of women in England and Wales who died from breast cancer was 10,319. In Hove alone there were 28 deaths attributable to this disease.

Cancer of the womb caused 3,830 deaths in England and Wales in 1967 and 14 deaths were recorded in Hove. The vast majority of these cases could have been detected at an earlier stage and I appeal to those ladies who have not already been to the cytology clinic to make an appointment without delay. If an abnormality is detected early then the greater the chance of a complete cure.

Health Education, which is an essential part of the work of a Health Department, continues to occupy more of the staff and more of their time. Films are being increasingly used to help in this work and the work of the staff in this field is much appreciated by the schools, mothers and outside bodies.

The demand on the Home Help Service continues to increase, and every effort is made to meet this demand. Recruitment of the right kind of Home Help is difficult as we feel it is very important that we should only recruit the most suitable type, meeting if possible all the attributes of a good Home Help. The Home Help Service is the backbone of the domiciliary services, and although there is a tendency in some areas to minimise the value of the home helps, such is not the case in Hove, where they are considered to be a very important part of the team. The relationship with the patients is in all cases excellent, in fact some husbands have become voluntary handymen to the senior citizens.

This voluntary work on the part of the husbands is very much appreciated. During the year a series of lectures was given to the Home Helps on subjects appertaining to their duties, and these were well attended and much appreciated.

The Welfare of the Elderly constitutes the biggest challenge to the Health Department staff. In 1967 the decision to appoint a Co-ordination Secretary for the Welfare of the Elderly was taken. There are very many voluntary organisations doing so very much for the elderly that it was felt that if there was greater co-ordination between the statutory bodies and these voluntary organisations then more valuable work could be done. It was anticipated that there would be less overlapping of work, and these voluntary associations would begin to take on work which was not already being done. An example being the week-end meals provided by the Hove and Portslade District Nursing Welfare Service. The first person appointed to this post of Co-ordination Secretary did not remain with us for very long and unfortunately we were unable to make another appointment until October, when Mrs. Parry came to us from a welfare post in the North of England, and by the end of the year had not entirely got to grips with the job in hand. However, at the time of writing much has been achieved since her arrival and next year's report should illustrate the merit in making such an appointment.

Unfortunately the planned psychiatric geriatric day centre for the elderly agreed in 1966 has again been deferred owing to the financial position. A day centre forms an essential part of services provided

for the elderly, with the fullest co-operation of the local hospital staff, and it is to be hoped that we shall see an active day centre operating in the not too distant future.

The Geriatric Health Visitors are now aligned to the General Practitioners, their general work and care of the elderly handicapped being evenly distributed. One must pay tribute to the Hove Society for the Disabled for the wonderful work they are doing on behalf of their members, who for the most part are housebound and rely on the Blue Bird Ambulance for a much welcomed outing, etc. All elderly persons wish to keep their independence as long as possible, and many old people are able to live happy useful lives. However, happiness in old age does depend on a number of factors, and first and foremost is that there should be sufficient money to live on. There should be sufficient to provide adequate housing, warmth, proper diet and the extra bit put aside for little comforts, be it tobacco, alcohol, bingo, old time dancing or what ever pleasure their heart desires.

Much of the physical and social breakdown among the elderly is attributable to inadequate housing. The problem of housing in Hove is a vexed one, but I feel there is a need for a special type of housing, suitable for those who do not feel that they can live in isolation. I have in mind a flatlet scheme with a warden living in to keep a friendly and watchful eye on the tenants. Adequate nourishment is essential, and one must pay tribute to the W.R.V.S. for the service they provide in all weathers. The week-end meal service is filling an excellent need and I would personally like to thank the organisation responsible for their valuable contribution.

Perhaps the biggest problem is something which money cannot buy, and this is unhappiness due to loneliness. Very many organisations are doing excellent work in this town, but I feel that more visiting is required. The Local Authority have to rely mainly on voluntary help, and I am hoping that with this help a scheme can be introduced whereby more extensive visiting can be operated. The Luncheon Clubs are very popular among the elderly, and in the Portland Road Education Centre the elderly have an opportunity of taking an interest in the activities of the Centre. Our task is to stop people from growing old and to guard against those social conditions which encourage people to become old before their time.

The service provided by the Chiropodists is a very popular and important one. This authority does not employ its own chiropodists, but has a satisfactory arrangement with three local chiropodists whereby they are employed on a sessional basis. The number of treatments carried out in 1968 has increased by almost 43% compared to 1967. This increase will inevitably mean that we shall have to arrange more sessions next year.

The work of the Mental Health Section continues to increase. Since 1962 we are seeing many more informal admissions, the increase has been more than three-fold and the number of formal admissions

has only dropped by two. The opening of the Drug Prescribing Centre in Brighton has also added an extra load on to the staff in this section, and although the numbers may be small, the time involved can be considerable. The tables in the text of the report would seem to justify consideration being given to an increase in staff in the not too distant future. I am pleased to report that the Social Club is still flourishing, and because of increased numbers has had to be transferred to larger accommodation.

Staff.

Fortunately the position so far as staff is concerned was considerably easier in 1968, and whereas in 1967 there were several long serving officers who retired and others who left Hove, only Mrs. Nicholls, who joined us in July, 1944, retired during the year.

On the nursing side, Miss Bryant was appointed Deputy Area Nursing Officer on 6th February, 1968, to replace Miss Nicholson, who had earlier been promoted to Area Nursing Officer. Miss Jessimen, Health Visitor, joined the staff in April, 1968, and Miss Reader who had joined the staff as a Health Visitor Student, completed her course during the year and was appointed as a Health Visitor on 17th September, 1968. Miss Richardson commenced with us as a Health Visitor Student in September, 1968. Mrs. Sharp, Assistant Home Help Organiser (part-time) resigned her post in April, 1968, and during the same month Mrs. Allanson took over these duties.

Mrs. McQuaid, who was appointed on the 1st January, 1968, to the newly created post of Co-ordination Officer (Old People), resigned on 17th May, 1968, and this post was not filled again until October, 1968, when Mrs. Parry took over, and at the same time the post was redesignated Co-ordinating Secretary for the Services of the Elderly.

Miss Devine, Health Visitor, commenced duty in the department on 1st June, 1968.

Conclusion.

Finally I would like to express my appreciation to all members of my staff, who in their several spheres have constantly and loyally supported me throughout the year. The officers responsible for each section have, I know, tried not to involve me in their many day to day problems. Their efforts are much appreciated.

I would also like to thank the Officers of the Council and Dr. Watson and his staff for their co-operation during the year.

The support and encouragement I have received from the Chairman and members of the Health and Welfare Services Committee have been much appreciated.

N. I. CONDON,
Medical Officer of Health.

INFANT WELFARE CENTRES

At the end of the year there were 3 Infant Welfare Centres and the following indicates number of sessions held each week
 Conway Court Infant Welfare Centre, Sackville Road, Hangleton Infant Welfare Centre, West Way,

Hove—7 Sessions.

Hove—3 Sessions.

Holland Road Church Hall, Holland Road, Hove—1 Session.

The following table shows the number of attendances at the Welfare Centres during 1968.

CHILD WELFARE CENTRES

Number of children who attended during the year			Number of sessions held by				Total number of sessions in columns (5)—(8)	Number of children referred elsewhere (see note 1)	Number of children on "at risk" register at end of year (see note 2)
Born in 1967	Born in 1966	Born in 1962-1965	Total	Medical Officers	Health visitors	G.P.'s employed on a sessional basis (7)	Hospital medical staff (8)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
930	1016	1750	3696	559	158	6	—	723	67
									207

The above figures include 3 sessions at Mile Oak Centre, Portslade, and 3 sessions at County Centre, Old Shoreham Road, Portslade.

ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES (Hove and Portslade)

1. NUMBER OF WOMEN WHO ATTENDED DURING THE YEAR :

(a)	Institutional booked	..	..	62
(b)	Domiciliary booked	..	..	7
(c)	Total ..	..	..	69

2. TOTAL NUMBER OF ATTENDANCES DURING THE YEAR : 355.

BABIES BORN AT RISK IN 1968

The Ministry of Health required this information to be included in the Annual Return for the first time in 1963 and I give below a list of cases during 1968.

Parent Schizophrenic ..	..	1
Parent Epileptic ..	..	1
Parent Psychiatric ..	..	2
Forceps ..	..	97
Caesarean section ..	..	23
Vacuum extraction ..	..	1
Induced birth ..	..	3
Multiple birth ..	..	5
B.B.A. ..	..	4
Premature birth ..	..	30
Breech delivery ..	..	11
Prolonged labour ..	..	2
Toxaemia ..	..	7
Hiatus Hernia ..	..	1
Ophthalmia Neonatorum ..	..	1
Insecure baby ..	..	1
Mongol ..	..	1
Rhesus negative ..	..	2
Congenital malformation ..	..	2
Jaundiced ..	..	3
Heart defect ..	..	4
Vomited blood ..	..	1
Asphyxiated condition ..	..	3
Threatened abortion ..	..	1
<hr/> (Including 84 Portslade cases) ..		<hr/> 207 <hr/>

CONGENITAL MALFORMATIONS—1968

In accordance with instructions contained in circular letter received from the Chief Medical Officer of the Ministry of Health dated 7th November, 1963, arrangements were made for reporting all congenital defects apparent at birth and accordingly all birth notification cards distributed from the Public Health Department were altered to include a space for reporting such abnormalities.

Each case notified is followed up and a report duly forwarded to The Registrar-General on the appropriate form.

The following table sets out the actual number of notifications received during 1968.

			<i>Live-Births</i>	<i>Still-Births</i>
January	..	..	—	—
February	..	..	1	—
March ..	..	..	1	—
April ..	..	..	—	—
May ..	..	..	1	—
June ..	..	..	1	—
July ..	..	..	2	—
August	..	..	2	—
September	..	..	—	—
October	..	..	1	—
November	..	..	1	—
December	..	..	—	—
Total ..			10	—

WELFARE FOODS SERVICE

National Dried Milk, Cod Liver Oil, A and D Tablets, and Orange Juice are obtainable at all Infant Welfare Clinics in the Borough of Hove, and at the Mothercraft Training Society, Dyke Road, Hove. I would like to thank the Mothercraft Training Society for their continued co-operation in the sale of these foods, which does enable mothers living in the eastern part of the town to obtain supplies without having to make a long journey to one of the Infant Welfare Clinics.

The table below sets out the quantities issued over the past five years.

	1964	1965	1966	1967	1968
National Dried Milk Powder (Full/Half Cream)	7555	7441	6623	5577	5319
Cod Liver Oil (Bottles) ..	1088	989	932	776	869
A and D Tablets (Packets) ..	1248	1334	1230	947	851
Orange Juice (Bottles) ..	16162	16104	16726	13601	12321

CARE OF UNMARRIED MOTHERS AND THEIR BABIES

During the year the Health and Welfare Services Committee agreed to help financially towards the cost of maintenance at a Mother and Baby Home in eight cases, compared with twelve in 1967.

Cases are referred to the department mainly by the Chichester Diocesan Moral Welfare Association, and occasionally from the Southwark Children's Society. The Social Workers attached to the association or society carry out the necessary investigations and make all arrangements with the home regarding admission. In the majority of instances the girl is entitled to full maternity benefit and consequently a proportion of the fees are recovered in this way. Very occasionally the parents or putative father make a contribution.

The Council make an annual grant to the Chichester Diocesan Moral Welfare Association towards administrative expenses.

HOVE DAY NURSERY

The Day Nursery has continued to care for young children under five years of age, who for some reason or other, have been deprived of normal home life, either temporarily or for long periods. Attendances have been high, the register always full, and other children awaiting admission.

Work has been carried out on the building with a view to better hygiene and safety, but with so many stairs it can never be ideal for the purpose.

The children, however, are happy, the staff endeavouring to make the atmosphere homely, yet giving the stimuli required for normal development and growth. This is promoted by all the activities of a good nursery school as far as our limited space and equipment will allow.

Young students entering for training each year bring new enthusiasm to the work and the children benefit from their contact with 16 year olds. All the students who entered for the examination gained the Certificate of the N.N.E.B. They left for posts as trained Nursery Nurses.

We have had weekly visits from many fourth and fifth year pupils from several local schools, who come to study various aspects of child care and seem to benefit from and enjoy the experience.

Nurseries maintained by the Authority or by Voluntary Organisations under Sec. 22 of N.H.S. Act 1946 :

Number at end of year	..	..	1
Number of approved places	..	..	51
Average daily attendance	..	..	45.5
Number of children on register at end of year			51
Number of priority children on waiting list at end of year	..	..	14

REGISTRATION OF PREMISES AND PERSONS UNDER SECTION I OF NURSERIES AND CHILD MINDERS' REGULATION ACT 1948

	Registered premises			Registered persons
	Factory	Other	Total	
Number of premises or persons registered at end of year	—	11	11	2
Number of children permitted	—	292	292	28

TYPE OF CARE (ALL DAY OR SESSIONAL) PROVIDED BY PREMISES AND PERSONS INCLUDED IN TABLE ABOVE

	Premises providing		Persons providing	
	All day care	Sessional care	All day care	Sessional care
Number of premises or persons	1	10	—	2
Number of children permitted	14	278	—	28

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

Part A. Attendances and Treatment

<i>Number of Visits for Treatment during year</i>				<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
First Visit	..	..	..	92	1
Subsequent Visits	..	..	..	257	3
Total Visits	..	..	..	349	4
Number of Additional Courses of Treatment other than the First Course commenced during year				6	NIL
Treatment provided during the year—					
Number of Fillings	..	..	..	311	NIL
Teeth Filled	..	..	..	272	NIL
Teeth Extracted	..	..	..	26	15
General Anaesthetics given	..	..	..	17	1
Emergency Visits by Patients	..	..	..	21	NIL
Patients X-Rayed	..	..	..	1	NIL
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)				44	NIL
Teeth Otherwise Conserved	..	..	..	NIL	—
Teeth Root Filled	..	..	..	—	NIL
Inlays	..	..	..	—	NIL
Crowns	..	..	..	—	NIL
Number of Courses of Treatment Completed during the year				73	1

Part B. Prosthetics

Patients Supplied with F.U. or F.L. (First Time)	..	..	..	1
Patients Supplied with Other Dentures	..	..	..	—
Number of Dentures Supplied	..	..	..	2

Part C. Anaesthetics

General Anaesthetics Administered by Dental Officers	NIL
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Part D. Inspections

	<i>Children 0-4 (incl.)</i>	<i>Expectant and Nursing Mothers</i>
Number of Patients given First Inspections during year	208	1
Number of Patients in A and D above who required Treatment	103	1
Number of Patients in B and E above who were offered Treatment	102	1

Part E. Sessions

<i>Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients :</i>	For Treatment	60 ³ / ₈
	For Health Education	—

FAMILY PLANNING CLINIC

Clinics were held during 1968 at the Clarendon Villas Mission Hall, Clarendon Villas, Hove, at the following times :

Monday

2.30 p.m. to 3.30 p.m.

Wednesday

10.30 a.m. to 11.30 a.m. 6.0 p.m. to 7.0 p.m.

Friday

10.0 a.m. to 11.0 a.m.

Since October 1966 an appointment system has been operating in connection with this service.

The following tables give some indication of the work done during the year.

	1968	1967
No. of Sessions	169	149
New Patients	516	501
Transfers	77	64
Oral Contraceptive Patients ..	903	515
Pre-Maritals	112	88
Check visit patients	3,829	2,627

Sources from which new patients recommended :—

Clinic patient or friend ..	224	212
Family Doctor	165	155
Local Authority	28	42
Hospital	21	36
Other Sources	78	56

Kind of Advice :—

Birth Control	392	406
Pre-maritals	112	88
Subfertility	3	3
Marital Problems	9	4

The Association also run an I.D.D. session at the New Sussex Hospital, Windlesham Road, Brighton, on Wednesday each week from 6.0 p.m. to 7.0 p.m.

HEALTH VISITING

The establishment of the Health Visiting section is 1 Area Nursing Officer, 1 Deputy Area Nursing Officer and 1 Assistant Area Nursing Officer. This increase in senior staff is due to the fact that Hove took over the control of all nurses from the Hove and Portslade District Nursing Association during the year and the three Nursing Officers mentioned above control both Health Visitors and Nursing Staff. There are 14 Health Visitor/School Nurse, plus 1 whole-time School Nurse. One Health Visitor specialises in audiometry. Four Geriatric Health Visitors deal with the needs of the elderly and also handicapped persons in the Borough.

The staffing position improved considerably during 1968 with the appointment of Miss Jessimen and Miss Divine. Miss Reader was sponsored by the Council as a Student Health Visitor and successfully passed her examination in September, 1968, to join the staff as a qualified Health Visitor.

The work of Health Visiting has changed tremendously because of the attachment scheme. Where once the Health Visitors worked in a geographical area, she now works with the General Practitioners whose zones are not limited in the same way.

Staff was therefore aligned to work either with group practices or groups of Doctors working separately. Again, this meant that the Health Visitor would have to know less numbers of Doctors in the area in which she worked and, as a result, some Doctors are using their Health Visitor more frequently to cover the needs of their patients.

The General Practitioner's aim was to use the staff for problems of :

1. The young child with its feeding behaviours ;
2. Follow-up visits of mild acute illnesses ;
3. Sharing visits to the chronic elderly ;
4. Assist with liaison services and follow-up of patients who fail to keep hospital appointments ;
5. Assist with Immunisation Clinics ;
6. Assist with hospital liaison—informing proposed admissions to hospital and follow-up patients discharged from hospital ;
7. Preventive Health Education ;
8. Any other problem which may arise concerning patients.

The advantages that have arisen out of attachment have been :

1. More co-operation in patient's care ;
2. Greater mutual understanding between General Practitioners and Local Health Authority workers ;
3. Increased contact with social services ;
4. Easier contact to each other's records for both General Practitioner and Health Visitors;
5. More visits to elderly patients by Geriatric Health Visitors ;
6. More effective work by existing staff.

New Appointments

Because of the national difficulty in recruiting Health Visitors, Hove Borough in 1967/68 agreed to sponsor Health Visitors on the Health Visitors' Course.

Miss Reader was one Health Visitor who, in 1968, had taken the Course and successfully passed her examination, and is now working as a Health Visitor in Portslade.

Miss Richardson was sponsored for the Course in September, 1968, and I understand is enjoying the Course.

HEALTH VISITING AND TUBERCULOSIS VISITING (Hove and Portslade)

<i>Cases visited by Health Visitors</i>			<i>Number of Cases</i>
1.	Total number of cases .. ..	..	6,812
2.	Children born in 1968 .. ..	..	974
3.	Children born in 1967 .. ..	..	928
4.	Children born in 1963-66 .. ..	..	2,549
5.	Total number of children in lines 2 to 4 ..	..	4,451
6.	Persons aged 65 or over .. ..	..	1,802
7.	Number included in line 6 who were visited at the special request of a G.P. or hospital ..	..	435
8.	Mentally disordered persons .. ..	..	48
9.	Number included in line 8 who were visited at the special request of a G.P. or hospital ..	..	16
10.	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals) ..	..	355
11.	Number included in line 10 who were visited at the special request of a G.P. or hospital ..	..	273
12.	Number of tuberculous households visited ..	..	—

13.	Number of households visited on account of other infectious diseases	..	..	17
14.	Other cases	..	..	516
15.	Number of tuberculous households visited by tuberculosis visitors	..	..	250

DOMICILIARY MIDWIFERY

The nationwide trend for mothers to be delivered in hospital is again shown in our figures for the year. The number of domiciliary confinements is decreasing each year and with this decrease an increase in the number of mothers returning after delivery to be nursed at home.

During the year 7 pupil midwives from Cuckfield Hospital have come to Hove to take their Part II domiciliary training.

Our complement of 7 midwives has been maintained. One midwife left during the year, but was soon replaced. One midwife was approved by the Central Midwives Board as a Teaching Midwife, and one midwife took her statutory Refresher Course.

The midwifery staff are now, in conjunction with the Health Visiting and District Nursing Staff, working with the General Practitioners.

DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1968

(Hove and Portslade)

*Number of Domiciliary Confinements attended by Midwives
under N.H.S. arrangements*

Doctor not booked :

Doctor present at delivery	..	..	—
Doctor not present at delivery	..	..	—

Doctor booked :

Doctor present at delivery (either the booked doctor or another)	..	..	38
Doctor not present at delivery	..	..	51
TOTAL	..		89

Number of cases delivered in Hospitals and other Institutions but discharged and attended by Domiciliary Midwives before 10th day	328
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NURSING STAFF

Early in 1968 the nursing staff changed to a new system of working in groups. Changes in the staff establishment were necessary to implement this.

The number of S.R.N.'s was reduced to 22, the number of S.E.N.'s was increased by 4 to 6, and the number of nursing auxiliaries was increased by one part-time.

Under this new system the nurses became responsible for arranging all their own day-to-day work, relief duties and off-duty. This relieved the administrative staff of a considerable amount of work and created a more responsible job for the S.R.N.'s.

The group system of working was an excellent precursor to the attachment scheme which started in November. With the attachment scheme all nursing staff gave up their geographical areas and nursed the patients of those General Practitioners to whom they were attached. The two systems of grouping and attachment are now working jointly with good effect.

Two S.R.N.'s resigned during the year and were replaced. Two S.E.N.'s were appointed towards the increase in establishment of S.E.N.'s.

Two male nurses took the District Nurse Training Course and were both successful.

HOME NURSING FIGURES

Total number of persons nursed during the year	..	4,051
Number of persons who were aged under 5 at first visit during the year	.. .. .	7
Number of persons who were aged 65 or over at first visit during the year	.. .. .	1,754

(These figures refer to Hove and Portslade cases)

VACCINATION AND IMMUNISATION (Section 26)

General

The Joint Committee on Vaccination and Immunisation recommended a new Schedule of Immunisation procedures to replace all present Schedules, this being considered desirable if an optimum immunological response to immunisation is to be obtained.

The new Schedule came into operation on the 1st October, 1968, and makes several modifications affecting the basic course of immunisation against Diphtheria-Pertussis-Tetanus and Poliomyelitis. The desirable intervals between doses of the basic course are now considered to be six weeks between the first and second dose and six months or more between the second and third dose. These intervals offer optimum protection from three doses and render unnecessary the giving of a re-inforcing dose during the second year of life.

The five year re-inforcing dose remains, but the nine to ten year dose is now excluded and is replaced with one at 15-19 years of age for Tetanus and Poliomyelitis only.

Smallpox re-vaccination is now recommended at five years and fifteen years and provision is also made for vaccination against measles which had not previously been included.

It will be appreciated that the initiation of any change of this nature makes a considerable amount of extra work in the early stages, but I am pleased to report that the new arrangements appear to be working satisfactorily.

As mentioned in my 1967 Report, the forms issued to General Practitioners by the Executive Council for the purpose of claiming fees for injections given by them, were felt by all who used them to be most unsatisfactory. These have now been replaced by a new type of form, which from the point of view of legibility at least, would appear to be more satisfactory.

INFLUENZA

Towards the end of 1968 it was forecast by the Ministry of Health that there was the possibility of a Winter prevalence of Influenza due to the Hong Kong variant. In consequence, at the beginning of November we placed an order for vaccine, which, however, did not become available until the week before Christmas, and then only a very limited quantity. With this supply we were able to vaccinate the Ambulance and Nursing Staff and Public Health Inspectors. With the small quantity remaining we vaccinated one or two key people in each department in order to endeavour to maintain some sort of service to the public should the crisis occur. Always when anything of this nature occurs, we are inundated with enquiries from the general public, this being largely due of course to television and newspaper publicity.

POLIOMYELITIS VACCINATION

The vaccination programme for 1968 followed a similar pattern to previous years until October, when the new Ministry Schedule was introduced, the basis of which has been explained in the foregoing section.

As will be seen from the table there is a slight decrease in the figures as against the previous years, but then of course this was to be expected and occurred during the last three months of the year.

Poliomyelitis Vaccination

	<i>Primary Courses</i>	<i>Re-inforcing Doses</i>	
	<i>Children under 16 yrs.</i>	<i>Persons 16-40 yrs.</i>	<i>Children under 16 yrs.</i>
1966	861	44	614
1967	842	19	723
1968	768	2	649

TRIPLE

DIPHTHERIA — WHOOPING COUGH — TETANUS

Here again the programme followed a similar pattern until the introduction of the new Schedule, and showed a decrease in the figures during the last three months of the year. The very big drop in re-inforcing doses is due to the 9-10 year Booster being discontinued (these children were normally boosted in the Autumn Term) and the 15-19 year Booster not yet having started.

The 18 month re-inforcing dose will continue to be given until early 1970, i.e. to cover children immunised under the old Schedule.

The Head Teachers of Secondary and Grammar Schools were informed of the new recommendations involving children in their schools and were asked if they would co-operate with regard to the distribution of consent forms. Most of them were extremely helpful and arrangements were made to visit their schools during the Spring Term of 1969.

Immunisation against Diphtheria-Whooping Cough-Tetanus Children under age of 16 years

	<i>Primary course of immunisation</i>	<i>Re-inforcing injections</i>
1966	759	1106
1967	875	1260
1968	717	343

SMALLPOX VACCINATION

Arrangements for routine vaccination have remained the same, as the recommended age at which this is carried out remains unchanged under the new Schedule.

1968 was the first complete year in which the Health Department distributed supplies of Smallpox Lymph to General Practitioners and in all a total of 2,340 doses were issued. This arrangement appears to work very satisfactorily.

Smallpox Vaccination Children under 16 years

	<i>Primary Vaccinations</i>	<i>Re-Vaccinations</i>
1966	518	132
1967	500	109
1968	489	124

MEASLES VACCINATION

The Joint Committee on Vaccination and Immunisation recommended that as from the 1st May, 1968, vaccination against Measles should be offered to all children aged one to sixteen years, who had not already been protected either by previous vaccination or by an attack of the natural disease.

To start with, supplies of vaccine were very limited, but then also, the response by parents was very poor and in consequence the supplies proved to be quite adequate.

In May, June and July vaccination was offered to children between their fourth and seventh birthdays and from August onwards it was made available to all susceptible children in the age group one to sixteen years, other than to those who were already protected.

Special clinics were held to cope with the initial numbers, and thereafter the vaccinations were carried out at the Infant Welfare Clinics—and will continue to be—as it is recommended that Measles Vaccination is offered routinely in the second year of life, after the completion of the basic course of immunisation against Diphtheria-Whooping Cough-Tetanus and Poliomyelitis.

Measles Vaccination (period 1.5.68 — 31.12.68)

Children under 16 years — 834

CYTOLOGY

68 clinics were held in Hove during 1968 and at the 1st December we transferred our Evening Clinic, previously held at Portslade County Clinic, to Conway Court. This now means that all our clinics are held at the one centre.

From the beginning of August we started the three year re-calls and

the number of women who are availing themselves of this return visit is very gratifying. The re-call of these ladies, however, proved to be a marathon task, as a letter was prepared for sending to every lady who attended one of our clinics from the 1st November, 1965 until the 31st December, 1966 (approximately 2,500). In addition all ladies resident in our area who attended the Brighton Clinic prior to our campaign starting were also re-called by us (not all these letters were sent in 1968 of course, but they had to be prepared for sending in the ensuing months of 1969. Likewise in 1969, preparation of the letters for the ladies who attended in 1967, will have to commence). We have, however, decided to alter this arrangement and from the 1st August, 1968, women attending the clinics were asked to contact us again in three years' time. While we realise a proportion obviously will not do this, we feel that under the present system a lot have not contacted us again anyway, either because they do not wish for a return visit or because in many cases they have moved house and not received our communication, and therefore the resulting net figures will probably be much the same. At least the time saved on preparation of these letters and the postage involved should prove a useful economy.

As mentioned in my 1967 Report we now hold all our clinics at one Centre and this has proved to be much more satisfactory both economically and administratively.

We do from time to time receive letters of appreciation of this service, which of course is most encouraging to all concerned.

Cytology 1968

No. of applications (1st time) received	..	..	749
No. of smears taken (some of these were three year re-calls)	..	..	1,032
No. referred to General Practitioner	..	..	172
No. of positives	..	..	1

MASS RADIOGRAPHY

Hove — 1968

General Public

Age Group	Male		Female		Total	
Up to 15 years	25	(12)	21	(19)	46	(25)
16 to 25 years	434	(358)	459	(354)	893	(712)
26 to 35 years	358	(350)	329	(296)	687	(646)
36 to 45 years	359	(371)	406	(356)	765	(727)
46 to 59 years	498	(560)	689	(671)	1,187	(1,231)
60 years and over	595	(578)	750	(684)	1,345	(1,262)
TOTAL	2,269	(2,229)	2,654	(2,380)	4,923	(4,600)

General Practitioners' Referrals (included in above figures): 1,542 (1,397)

Industrial

<i>Age Group</i>	<i>Male</i>		<i>Female</i>		<i>Total</i>	
Up to 15 years	—	(42)	2	(1)	2	(43)
16 to 25 years	16	(178)	29	(95)	45	(278)
26 to 35 years	9	(99)	7	(28)	16	(127)
36 to 45 years	11	(153)	23	(57)	34	(210)
46 to 59 years	20	(209)	42	(61)	62	(270)
60 years and over	39	(45)	39	(8)	78	(53)
TOTAL	95	(726)	142	(250)	237	(976)

Figures for 1967 shown in brackets.

WELFARE OF THE CRIPPLES

As from 1st April, 1964, the Hove Society for the Disabled have done excellent work in this field and the following report gives some indication of their activities.

The number of residents of the Borough of Hove enrolled with the Society was approximately 200 at the year end and of this total over 90 are severely disabled and most confined to wheelchairs.

Many housebound disabled receive domiciliary craft instructions and over 20 others attend the weekly craft class, in the running of which the Society is assisted by the East Sussex Association for the Disabled and the Local Authority. Many of the housebound also receive regular visits from the Society's voluntary home-visitors.

Attendance at the fortnightly Bluebird Social Club averages 65. Most of the members are brought by voluntary drivers.

The Bluebird (wheelchair) Ambulance was operated on 214 occasions. It covered a total of 6,229 miles and conveyed 1,732 disabled persons. Apart from its routine work for the Bluebird Club and Craft Class, the housebound were given outings to the country during the warmer weather.

The Ambulance register contains the names of over 100 Society members who, by reason of their being housebound, qualify for a "special operation". These included 3 visits to Chichester Festival Theatre and 38 visits to Cinemas to see such epic films as "Dr. Zhivago".

51 of the occasions that the Ambulance was operated were on behalf of other organisations—regularly for the East Sussex Association for the Blind, for the Sussex Association of Youth Clubs (for the young disabled), the British Polio Fellowship, and the East Sussex Association for the Disabled.

The Society is setting aside funds for the eventual replacement of the vehicle by monthly purchase of British Savings Bonds. The fund stood at £925 at the year end.

During the summer the Society was able to start a scheme whereby some disabled can be taken out on fine evenings or week-ends in

their wheelchairs or for a drive by car by volunteers, most of whom are middle aged business people or housewives.

Holidays were arranged by the Society for 22 members and in addition grants were made to 4 others who made their own arrangements. The total cost to the Society was £236 11s. 0d.

Several fund-raising events were organised during the year including the Bluebird Flag Day in June, Bazaar in October, and a Wine and Buffet Party.

The Society is concerned over the problem of finding suitable facilities for the temporary care of those disabled whose relatives or friends looking after them, who are often under considerable strain, can have a rest. The environment and amenities provided for the disabled in any short-stay centre are of major importance and the whole problem is now receiving closer examination.

The Society works in close co-operation with the Local Authority, the County Council, the County Association and other local organisations, and would like to thank the British Red Cross and the Inner Wheel for their help.

A Geriatric Health Visitor attached to the Hove Health Department is responsible for keeping the register and cases requiring special help in the way of equipment, etc., are referred to her by the Society, doctors, hospitals, etc.

List of equipment loaned out during the year :—

Walking Aids	37	Raised Toilet Seats ..	13
Tripods	10	Bath Boards	23
Bath Rails	5	Bath Seats	26
Toilet Rails	5	Miscellaneous items ..	40
Pickups	24		

Car Badges for Severely Disabled Drivers.

This scheme continues to work without too much difficulty and during the year several fresh badges were issued, together with the renewal of original applications for a further period of two years.

HEALTH EDUCATION

This work, which is so essential to the community in the prevention of ill-health, has again shown an increase.

The Mothercraft and Ante-natal Classes have been well supported. The domiciliary midwives and health visitors have worked closely together to maintain a high standard of instruction.

The number of sessions in schools taken by Health Visitors in Health

Education have increased and lectures have been given to many outside clubs and voluntary agencies.

Excellent results have been achieved with the introduction of a Mothers' Club at Hangleton, where a very varied programme has achieved much in the way of Health Education.

We have continued to use films from voluntary agencies and from the Sound Services Film Library with great benefit to support our projects.

MENTAL HEALTH SERVICE 1968

Since 1961, Hove Borough Council has exercised Delegated Authority from the East Sussex County Council in providing a Mental Health Service, which, in accordance with Section 28 of the National Health Service Act of 1946, requires arrangements to be made for prevention of, and the care, and after-care of persons who, by virtue of mental disorder, require the same.

The Delegation Scheme did not include responsibility for the Borough to provide residential accommodation, this has been retained by the East Sussex Council. Certain tables have been introduced this year to reflect the changing pattern of demand within the Borough, and to make the report more informative. A major problem in a Borough such as Hove, is that of the elderly residents who, through the process of old age, have some impairment of intellect and body functions which are not serious enough to require admission to the Geriatric Unit of the General Hospitals, or St. Francis Hospital, yet are too serious for their admission to the Welfare Homes, as at present constituted. This condition also applies to those who, in the opinion of various Consultants, no longer require medical and nursing care in Hospital, and are said to be fit to live in the community. Were it not for the co-operation of the East Sussex County Council in providing financial assistance and the few landlords willing to accept this group of the population, a serious situation would arise regarding hospital admissions, because of blockage of beds.

It is in this context that the provision of a Day Centre for the Elderly Mentally Infirm must have a higher priority than hitherto, for without it the recently opened Assessment Clinic and Day Hospital Unit in Bevendean Hospital will not be able to give Hove residents the obvious advantages available to those who are considered to need Community Care in a Day Centre.

One of the objectives of the Mental Health Act of 1959, was to make it possible for sick persons to enter a hospital for treatment of a mental disorder, in the same manner as for a general illness, and in Table 1, it is possible to see how gradually, but effectively, this has been achieved by the Mental Welfare Officers in those cases in which they have been involved.

TABLE I
HOSPITAL ADMISSIONS

	1962	1963	1964	1965	1966	1967	1968
Informal	57	57	76	77	95	91	188
Section 29 ..	66	49	64	94	68	18	48
Section 25 ..	5	7	9	3	26	20	23
Section 26 ..	6	4	11	5	5	8	3
Other Sections ..	6	3	2	2	10	4	7
TOTALS ..	140	120	162	181	204	141	269
M.W.O.'s on Establishment ..	1	1½	2¼	3	3½	4	4

For the same reasons as shown in Table I, it can be seen by reference to Table II, a change in the pattern of cases being referred as being in need of Mental Health service for a variety of reasons.

TABLE II

	1962	1963	1964	1965	1966	1967	1968
Referred by General Practitioners ..	55	95	139	119	128	105	75
Hospitals on Discharge from In-Patient, etc.	30	51	37	23	58	73	56
From Out-Patient Clinics, etc. ..	37	63	51	23	49	70	44
L.E.A.	5	4	1	4	3	1	6
Police	10	6	22	9	34	24	23
Other Sources ..	65	82	113	82	153	124	135
TOTALS ..	202	301	363	260	425	397	339
M.W.O.'s on Establishment ..	1	1½	2¼	3	3½	4	4

Mental Subnormality

The total number of mentally handicapped persons in the Borough is gradually increasing and we are fortunate in being able to use the two Centres provided by East Sussex County Council that are situated in Portslade. The ambulance service and the two escorts are now accepted as part of the community service provided by the Local Authority for the under 16's, and it is also encouraging to be able to record that the over 16's who use public transport are likewise able to move within the community in the same manner as their more

fortunate brethren, a fact which a few years ago would have been thought practically impossible.

However, there is one group of residents under this heading who will need considerable help in the coming years, and here I refer to the men and women to have been known to the Local Authority for many years, all within the age range 50+ and whose parents are correspondingly aged. Providing suitable alternative care and accommodation to that provided over the years by their devoted relatives is quite a problem and will continue to be so for some time to come. On the whole, the numbers now requiring admission to hospital are very few indeed.

Provision is made for the Hove residents to attend the Junior School at Hillside, Portslade, and the Adult Centre at Belgrave, Portslade ; during the year 4 children were admitted to Hillside and 2 left, and 6 adults were accepted at Belgrave and 3 left.

There is still a small waiting list for places at Hillside. Of the adults who left Belgrave one was placed in open employment and is making satisfactory progress.

Attendances at 31st December, 1968, are shown in table IV.

TABLE IV

		<i>Males</i>	<i>Females</i>	<i>Total</i>
Hillside	..	12	7	19
Belgrave	..	10	10	20

A small waiting list still exists for admission to Hospital for those patients whose needs can only be met by the provision of long Term Care and provision of Short Term Care during the summer holidays continues to be a serious problem through lack of accommodation.

Rehabilitation Centre

Attendances at the Brook Rehabilitation Unit at Burgess Hill have grown steadily. During the year 13 Hove residents have attended, 2 were placed in open employment and 2 left. Some Hove residents travel daily by public transport from their homes, and others from the Hostel at East Grinstead. Their ages range from 20 years to 47 years of age.

Guardianship

It has not been necessary to use this part of the Mental Health Act to any extent, the number at 31st December, 1968, being :

<i>Mental Illness</i>	<i>Subnormality</i>
2	1

Drug Prescribing Centre

Although situated in Brighton, it is used for patients from a large area and during the year the Mental Welfare Officers have been involved in working with 10 clients who attend this Centre.

Staffing

As will be seen from the various Tables, the work of the Mental Welfare Officers is increasing considerably, and consideration will have to be given to the provision of another Officer if the present standards are to be maintained. Fortunately, their health has been good, despite the irregular hours worked, and the necessity to operate a Standby Duty Rota every night and at weekends to provide Emergency Service Cover. The total number of days sick for all the Mental Welfare Officers in the year totalled 12 days.

During the year it was not possible to comply with the request from one of the Consultant Psychiatrists to have a Mental Welfare Officer on his team.

The staff in post at 31st December, 1968, consisted of 3 Mental Welfare Officers and 1 Senior Mental Welfare Officer and 1½ clerical staff.

Community Care

<i>Cases on Register, 31st December, 1968 :</i>	1963	1964	1965	1966	1967	1968
Mental Illness ..	149	147	—	273	231	160
Mental Subnormality ..	151	80	—	93	101	98
Initial Investigations ..	76	108	160	216	369	441
Social Work Visits ..	1002	2294	2072	2199	2494	2709
Visits to Training Centres and Social Clubs ..	37	104	348	214	229	238
Case Conferences and Talks to Organisations ..	135	218	181	209	361	305
Miscellaneous Visits ..	—	—	9	221	261	305
TOTALS ..	1250	2724	2770	3059	3714	3998
M.W.O.'s on Establishment	1½	2¼	3	3½	4	4

Social Clubs

The Club for the Adult Mentally Handicapped expanded to such an extent that alternative accommodation was needed, and with the co-operation of the East Sussex County Council Authorities this club now meets on Tuesday nights, and has an average attendance of 50. The British Red Cross in the area are providing very welcome help through their volunteers who attend on Club nights.

On Thursday evenings a Social Club is held in the White House Day Hospital premises, and is staffed by Psychiatric Social Workers from St. Francis Hospital and a Mental Welfare Officer from Hove. The average attendance of discharged patients is 25.

THE GUARDIANSHIP SOCIETY 1968

The object of the Guardianship Society is the care and supervision of slow-developers and other special cases by :

- (a) Boarding them out in specially chosen families.
- (b) Assisting them to obtain training, and employment suited to their capabilities.
- (c) Visiting them and taking a friendly interest in their moral and material welfare.
- (d) Helping them in any other manner that the Committee may decide.

Annual Meeting

The Annual Meeting was held on the 24th May. The address was given by Dr. A. M. Nelson, M.B., Ch.B., D.P.H., Medical Officer of Health for the London Borough of Richmond-on-Thames, on "Future Developments in the Training of the Sub-Normal".

Hove Training Centre

The Centre has continued to make good progress. The Hairdresser who attended fortnightly now comes once a week and men and boys are included for cutting and trimming.

Cookery classes are held daily, and outside orders are taken.

Orders for work done during the year have greatly increased and the annual Sale of Work showed good results.

Social Activities, Hove

Summer Outings

These have been as follows :

- | | |
|-----------|----------------------------------------------------------------------------------------------------------------------|
| 11th June | A party was given at this Centre by the Professional and Business Women's Club. |
| 13th June | An entertainment (during Mental Health Week) was given by the pupils and included Morris dancing. |
| 2nd July | The Juniors' summer outings went by coach to the Peter Pan playground, Brighton, with a picnic tea. |
| 9th July | Some seniors went to Eastbourne and on to Wannock Gardens for tea. Some seniors went to Hythe and Tenterden for tea. |

Christmas Party

- | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 18th December | A Christmas party was held and Father Christmas gave presents from the Christmas tree to all pupils. Afterwards there was an entertainment by the Audrey Kent School of Dancing and this was greatly enjoyed. |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Carol Service

- | | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17th December | A Carol Service was held at the Hove Centre and was conducted by the Rev. W. Farrell. Proceeds were given to the Mayoress of Brighton's Fund for the Copper Cliff Nursing Home. |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Home Help Organiser reports :

HOME HELP SERVICE 1968

This has been an extremely encouraging year. At the end of 1968 420 cases were being attended weekly, compared with 370 in any peak week in 1967. Once again credit is due to the magnificent team of Home Helps who perform their duties, quite often in very difficult circumstances. Personal relationships and goodwill have been formed, by Home Helps returning at night, unpaid, to attend to personal comforts, taking home washing and inviting patients to their own homes. Sometimes husbands are involved becoming handyman to the senior citizens. This is borne out by the many letters of appreciation received.

There is an ever increasing demand on this service and every possible effort is made to meet this but as always recruitment has been extremely difficult, and in April an appeal for Home Helps was made on Radio Brighton by the Organiser. Although advances have been made, the problems of the aged are far from being solved. The help provided in their homes is not, as yet, sufficient. It is almost impossible for the service to run smoothly at all times, as frequently the Helps have to be re-directed to cover maternity and emergency cases and in the winter especially, there is a certain amount of sickness on the staff.

The number of applications for help remained somewhat the same but the increasing annual carry-over of cases has meant that the Home Help now attends an average of 7 cases a week. To achieve this end a considerable re-distribution of work has had to be made and a reduction in hours to some cases was inevitable.

There are two part-time Helps who work entirely with tuberculosis patients, these are obviously long-term cases and difficulties may be encountered in recruiting suitable Helps should new cases arise.

The resignation of the Part-time Assistant Organiser in the Spring brought about a change in personnel. Our new assistant settled into her post and has proved to be an asset to the department, carrying out supervisory as well as initial visits.

Students from the Portslade County School for Girls are attending selected cases together with a Home Help, which apart from helping them with their studies of the Social Services, makes each age group aware of each others problems and in this way a greater understanding is achieved.

Our second Christmas Party took place at Conway Court Clinic and was enjoyed by Home Helps and friends.

The achievement of this section is largely due to the continued co-operation of the Medical Practitioners, Geriatric Health Visitors, Medical Social Workers, etc.

The following table gives some indication of the work carried out by this particular section of the department.

HOME HELP SERVICE, 1968

	Aged 65 or over on first visit in 1968	Aged under 65 on first visit in 1966				Total
		Chronic sick and tuberculous	Mentally disordered	Maternity	Others	
Number of cases	715	30	2	27	50	824
Number of hours	38,080	5,662	98	915	6,038	50,793

Number of Home Helps employed as at 31st December, 1968 : 53 part-time equivalent to 25½ full time

Age groups (years)	Multiple sclerosis	Cerebral thrombosis and brain injuries	Ampu- tations	Other disorders (various)	Arthritis	Anxiety states	Cancer	Cardiac disease	Partially sighted	Old age and Asso- ciated conds.	Totals	Register disabled
16-19	—	1 (spastic)	—	2 (musc. dystrophy)	—	—	—	—	—	—	3	3
20-29	—	2 (brain injury)	—	1 (fragile bones) 1 (spina B)	1	—	—	—	—	—	5	5
30-39	1	—	—	1 (spondy- litis)	1	—	—	—	—	—	3	3
40-49	6	3 (brain injury)	—	1 (spondy- liti, 4 (obscure)	1	1	—	—	—	—	16	16
50-59	13	9	—	11	10	2	—	—	1	—	46	46 (Total 73)
60-69	7	25	4	6	36	3	15	17	1	91	205	19
70-79	5	51	10	5	94	12	20	66	11	320	594	17
80-89	—	28	3	2	91	—	10	63	17	396	610	3
90-99	—	—	—	—	1	—	—	1	—	64	66	—
100-	—	—	—	—	—	—	—	—	—	2	2	—
TOTALS	32	119	17	34	235	18	45	147	30	873	1,550	112

N.B.—Records not included in above—600 “no visits” at present, as adequate care, but have been visited in the year.
All cases frequently change between current files and “no visit” files.
Disabled figures incomplete after 59 years as it is not obvious from records why disabled, but may be Geriatric Infirm and may need some help with provision of aids.

THE GERIATRIC AND DISABLED IN HOVE AND PORTSLADE

Because of alignment of staff to General Practitioners, the case-loads relating to the elderly and to the handicapped were evenly distributed between the four Geriatric Health Visitors specialising in this field. The current figures which are shown have been broken down into age groups and the illnesses from which they suffer.

There are a further 600 elderly patients on the list who have been visited during the year but were receiving adequate care. These were placed in a "No Visits Required" file but all cases frequently change between the current file of the needy and the "No Visits Required" file as the need arises.

Where the specialist visitors are required, such as the Geriatric Health Visitors, then their work is attributed to one-quarter of the General Practitioners in the area. This gives the Health Visitor an opportunity for a closer liaison with the lesser number of General Practitioners where a closer link regarding the General Practitioners' patients can be made. This means that before attachment each specialist visitor may have to know all the Doctors with patients in Hove, and since attachment would now have only to know one-quarter of the Doctors in Hove.

Grateful thanks must go to all voluntary bodies who have continued to help in the care of the aged and infirm.

Home supportive care has been generously continued by the District Nursing Welfare Association, who have always assisted us wherever a need has arisen, and, with the provision of the Sunday Meals Service, have helped in the health and welfare of the elderly.

During 1968 2 elderly persons were removed under Section 47 of the National Assistance Act to a place of safety as they were unable to care for themselves.

HOLIDAY SCHEMES ORGANISED BY VOLUNTARY SOCIETIES, BUT NOT DEALT WITH BY OR FOR THE LOCAL AUTHORITY

1. Glebe O.A.P. Club

1967 — 38 people by coach to Llandudno :

8 days in hotel £14 0s. 0d. per head.

— 40 people by coach to Dawlish :

8 days in hotel £14 0s. 0d. per head.

1968 — 40 people by coach to Newquay :

8 days in hotel £14 0s. 0d. per head.

— 32 people by coach to Babbacombe :

8 days in hotel £14 0s. 0d. per head.

Each person pays for their own holiday—it is not subsidised by the Club.

2. Sunshine Club

1967, 1968 and 1969 — 60 people by coach to hotel at Cliftonville for 7 days. Cost £10 per head. Each member pays for own holiday.

3. Disabled Drivers' Association

Annual Holiday to a Holiday Home in Norfolk belonging to the Association. By coach for 7 to 14 days. Cost approximately £10 10s. 0d. per head. Each pay their own. Open to all ages.

4. Four Leaf Clover Club

1967 — No Holiday.

1968 — 12 people by coach to hotel at Paignton. Cost £12 0s. 0d. per head. Each member pays for own holiday.

5. Hove O.A.P. Club

Holidays arranged annually by a member of the Club—no details available.

6. Hangleton Forget-me-not Club

One coach annually for members to a seaside hotel. Each member pays for own holiday.

7. The Good Companions Club

One coach annually for members to a seaside hotel. Each member pays for own holiday.

HOLIDAYS ARRANGED BY THE LOCAL AUTHORITY IN 1968

1. Physically Handicapped	..	5
2. Old People	.. ..	11

HOLIDAYS ARRANGED BY THE HOVE SOCIETY FOR THE DISABLED WITH THE SUPPORT OF THE LOCAL AUTHORITY IN 1968

1. Physically Handicapped	..	5
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WELFARE OF THE BLIND

The number of registered blind persons in Hove at 31st December, 1968 was 292 and there were also 119 partially sighted ; the corresponding figures at the 31st December, 1967 being 298 and 112 respectively.

The Social Welfare Officers of the Blind continue to maintain their high standard of visits to the blind and partially sighted. Weekly handicraft classes and monthly socials have continued throughout the year and the Christmas Party held was much enjoyed. Outings, etc., continue to be organised. These are enjoyed and appreciated while for those who live with relatives, family problems have been greatly

assisted by the provision of holidays and similar activities. The Talking Book Service for the Blind is being increasingly used and the Ulverscroft large print books for the Partially Sighted are obtainable from all libraries.

NUMBER OF REGISTERED BLIND PERSONS.

(As at 31st December, 1968).

Male	..	..	..	102	
Female	..	..	..	190	Total 292

EDUCATION, TRAINING AND EMPLOYMENT.

(16 years and upwards.)

			M.	F.
At School (16 years to 20 years)	..	..	3	—
In Special Workshops	..	..	2	—
In Home Workers Schemes	..	..	2	—
Under Ordinary Conditions	..	..	12	1
Total Employed	..	..	17	
Undergoing training	..	..	—	—
Unemployed but capable of and available for work			3	3
Not available for work	..	..	1	6
Not capable of work	..	..	5	8
Not working (65 and over)	..	..	74	172

OCCUPATIONS OF EMPLOYED BLIND PERSONS.

			<i>Under Sheltered Conditions</i>	<i>Under Ordinary Conditions</i>
GROUP I				
Masseurs and Physiotherapists	..	..	—	2
Lecturers, Teachers, Instructors	..	..
(including Craft Instructors)			1	—
Musicians (including Music Teachers)	..	..	—	1
Others	..	..	—	2
GROUP II				
Typists, Shorthand Typists, Secretaries	..	..	—	1
Telephone Operators	..	..	—	1
GROUP V				
Carpenters and Joiners	..	..	—	1
Brush Makers	..	..	2	—
Boot and Shoe Repairers	..	..	1	—
Piano Tuners	..	..	—	1
Craftsmen and Production Process Workers	..	..	—	2
GROUP VI				
Miscellaneous workers	..	..	—	2
Total			4	13
Total			17	

THE TABLE BELOW SETS OUT IN DETAIL BLIND PERSONS (ALL AGES) WHO ALSO SUFFER FROM PHYSICAL DEFECTS, MENTAL ILLNESS, ETC.

	M.	F.
Mentally Ill ..	—	—
Physically Defective ..	8	5
Deaf without Speech	—	1
Deaf with Speech ..	2	6
Hard of Hearing ..	10	15
Physically Defective and Hard of Hearing ..	—	1
	<u>20</u>	<u>28</u>

NUMBER OF SOCIAL WELFARE OFFICERS OF THE BLIND ENGAGED IN THE AREA

Male	1	
Female	2	Total 3

NUMBER OF PARTIALLY SIGHTED PERSONS.
(As at 31st December, 1968.)

Male	33	
Female	86	Total 119

FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS 1968

TABLE A			<i>Retrolental</i>				<i>Total</i>
			<i>Cataracts</i>	<i>Glaucoma</i>	<i>Fibro- plasia</i>	<i>Others</i>	
(i) Number of cases registered during the year in respect of which para 7 (c) of Form BD8 recommends ..							
(a) No treatment ..	..	3+2	0+4	0+0	30+24	35+30
(b) Treatment ..	..	1+0	0+0	0+0	17+10	18+10
Medical .. ..	..	0+0	0+0	0+0	0+ 0	0+ 0
Surgical .. ..	..	1+0	0+0	0+0	4+ 2	5+ 2
Optical .. ..	..	1+2	0+0	0+0	0+ 2	1+ 4
Ophthalmic Medical	..	0+0	0+0	0+0	1+ 0	1+ 0	
Supervision		0+0	2+4	0+0	8+10	10+14	
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment ..							
			0+2	2+4	0+0	12+12	14+18
(iii) Number of cases which have not received treatment							
			3+0	0+0	0+0	18+12	21+12

Table A.—Of the figures set out in the two columns, the first column relates to blind persons and the second to partially sighted.

TABLE B
OPHTHALMIA NEONATORUM

(1)	Total number of cases notified during the year	..	NIL
(2)	Number of cases in which —		
(a)	Vision lost ..	..	—
(b)	Vision impaired ..	..	—
(c)	Treatment continuing at end of year	..	—

In the data (i) (b) represents number of patients for whom treatment is recommended but the same patient may be included under one or more types of treatment.

The total number of examinations are as follows :

Year ended—

31st December, 1966 ..	..	71
31st December, 1967 ..	..	79
31st December, 1968 ..	..	65

The total number of examinations during the year shows a decrease in comparison to the previous year.

Of the people who have been recommended for treatment and not received it the details are as follows :

- 2 moved out of the area
- 4 treatment has not yet been carried out
- 1 Patient has refused treatment

During the year 8 people who were classified as partially sighted have been registered as blind.

Ages at which registered

<i>Blind Register</i>				<i>Age groups</i>	<i>Number</i>
1	..	..	..	0 — 15	0
2	..	..	..	16 — 64	1
3	..	..	..	65 and over	34
<i>Partially Sighted Register</i>				<i>Age groups</i>	<i>Number</i>
1	..	..	..	0 — 15	1
2	..	..	..	16 — 64	4
3	..	..	..	65 and over	25

WELFARE OF THE DEAF AND DUMB

The Sussex Diocesan Association for the Deaf and Dumb continue to attend to the needs of the Deaf and Dumb in the Borough of Hove on an Agency basis.

33 deaf people and 7 deaf-blind are registered as residing in the Borough.

During the year two women were assisted with placement in new employment, one of them in London. Help was required with personal problems, ranging from straightforward matters of information (for which lifelong deaf people cannot always approach the usual sources) to more complex worries which needed patient questioning by manual means to resolve. Three people were enabled to join a holiday arranged by the British Deaf and Dumb Association in Rhyl, so facing no barriers to companionship. A will was proved on behalf of an elderly deaf-blind man.

Two young men from Hove attend the class for young deaf adults in English language, which began at Ovingdean Hall last November, with the kind co-operation of the school staff.

The progress of school leavers at work has been followed up and contact made with the families of deaf schoolchildren.

Statistics re Deaf Persons in the Borough

Speaking Deaf	..	12
Deaf	..	21
		<hr/>
		33

AGE GROUPS

16—29 years	..	7
30—49 years	..	6
50—64 years	..	16
65 years and over	..	4
		<hr/>
		33

Deaf - Blind

Male 1 ; Female 6 ; Total 7

The League of the Hard of Hearing still maintains its Membership, and continues to give companionship to all who belong to the Club.

The social activities combine Whist Drives, Films, Socials and Outings, and the very necessary Lip-reading and Clear Speech Classes are much appreciated and well attended regularly each week.

The 21st Anniversary of the Club's foundation was celebrated with a Dinner and Cabaret at the Norfolk Hotel, when 90 Members and friends were present, including the Mayor and Mayoress of Hove, and representatives from Brighton Council, also Members from other Sussex Clubs.

The Thanksgiving Service at St. Paul's Cathedral on October 12th, was attended by 34 Members from Brighton and Hove who joined the congregation of 1,800 from all parts of the country.

The Bring and Buy Sale in July realised £37, for the Club Funds, and special efforts were made during the year for the Birthday celebration Fund.

A Welfare Committee is run by the Club, and sick members are visited in hospital or in their own homes.

The Annual Collection at the Christmas Party was divided between Hamilton Lodge School for deaf children and John Groome's Crippleage.

CHIROPODY SERVICE 1968 — HOVE

The demand for this particular service has continued to increase during the year and every effort has been made to cope with this.

Three local chiropodists are employed by the Council on a sessional basis, and these sessions are increased as and when the financial position allows.

Transport for those cases which required same was arranged through the Hospital Car Service, and I would like to thank them for their help and co-operation during the year.

The fees remained the same at 2/6d. per treatment. Patients in receipt of supplementary benefit from the Ministry of Social Security were not asked to pay anything.

The following tables give some indication of the work done.

PART 1

Number of persons treated during year ending 31st December, 1968

	<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
	(1)	(2)	(3)
1. Persons aged 65* and over	901	—	901
2. Expectant mothers	—	—	—
3. Others	84	—	84
4. Total	985	—	985

*Age on date of first treatment during the period.

PART 2

Number of treatments given during year ending 31st December, 1968

	<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
	(1)	(2)	(3)
1. In clinics	—	—	—
2. In patients' homes	663	—	663
3. In old people's homes	—	—	—
4. In chiropodists' surgeries ..	3,691	—	3,691
5. Total	4,354	—	4,354

PART 3

Number of treatments included in part 2 above which were paid for by the Authority on the basis of fees per treatment

Local authorities	4,354
Voluntary organisations	—
Total	<u>4,354</u>

Hove 1968.

AUDIOMETRY

Clinic	New Cases			Re-check Cases		
	No. Exam'd	No. Passed	No. Failed	No. Exam'd	No. Passed	No. Failed
Clarendon Villas Conway Court	94	83	11	—	—	—
Hangleton	34	33	1	—	—	—
Synagogue	16	16	—	—	—	—
Totals	144	132	12	—	—	—

STAFF MEDICAL EXAMINATIONS 1968

	<i>Male</i>	<i>Female</i>
Entrants to Training Colleges	31	52
Borough Engineer's and Surveyor's Department	1	—
Library and Museum Department	—	2
Education Department	6	8
Public Health Department (incl. Nurses and Midwives)	—	10
Ambulance Service	6	—
King Alfred and Baths	1	—
Requests from other Authorities	—	4
	<u>45</u>	<u>76</u>

HEALTH STATEMENTS

			<i>Male</i>	<i>Female</i>
Town Clerk's Department	..	..	2	2
Treasurer's Department	..	..	7	4
Borough Engineer's and Surveyor's Department			29	1
Works and Highways Department	..	..	3	—
Public Health Department	..	..	2	9
Housing Department	..	..	9	1
Library and Museum Department	..	..	1	14
Weights and Measures Department		..	2	—
Parks and Gardens Department	..	..	6	—
Education Department	..	..	19	36
Further Education Department	..	..	2	2
King Alfred and Baths	..	..	4	—
Portslade U.D.C.	..	..	9	2
			—	—
			95	71
			—	—
<i>Totals</i>				
Medical Examinations	..		121	
Health Statements	..	..	166	

REGISTRATION OF NURSING HOMES 1968

	<i>No. of Homes</i>	<i>Number of beds provided</i>		
		<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Homes registered during year ..	1	—	9	9
Homes whose registrations were withdrawn during year ..	—	—	—	—
Homes on register at end of year	24	5	443	448

SCHOOL HEALTH SERVICE 1968

Report by Dr. N. I. Condon, Principal School Medical Officer

The total number of periodic medical examinations in 1968 reached 1,537, a fairly satisfactory figure. If broken into components of the larger groups, the following emerge :

1963 — 198	
1962 — 359	totalling 557 — 5 year old entrants
1958 — 164	
1957 — 223	totalling 397 — 10 year olds
1954 — 106	
1953 — 335	totalling 441 — leaver group

showing an even spread through the school population.

Only one child of the 1963 group was found “unsatisfactory”. This result looks a freak and does not truly reflect the number of handicapped children who were found to be unable to absorb formal education in a normal school. Obviously, the meaning of “unsatisfactory” implies a different standard to school medical officers. Perhaps a higher standard of satisfactoriness should be held and all those whose handicap moves them out of the normal school population should come under the term “unsatisfactory”.

A breakdown of the defects found reveals :

1963 and 1962 — 29	visual defects
	83 other defects in individual children
1958 and 1957 — 30	visual defects
	53 other defects in individual children
1954 and 1953 — 73	visual defects
	90 other defects in individual children

These figures adequately support :

1. the careful and meticulous check by “E” card (or letter card) of children starting school ;
2. the value of the 10 year old examination brought back into the routine of the school health service ;
3. the lottery mentioned in the 1967 Report ;
4. the amount of work still required to be done before the 14 year leaves school.

Thus a satisfactory year’s work may be recorded. There are a few points that deserve mention, viz. :

- (a) the well established routine of informing the general practitioner of the findings in most cases by typed letter to ask in every case (apart from visual deficiencies) for permission for referral ;
- (b) the responsibility of the handling of minor ailments was handed back to the parent and the general practitioner. In other words, minor ailments clinics are not considered worth staffing and running.

Nearly 50 children were referred to the Child Guidance Clinic whose work load never seems to decrease. The statistics do not record the number of interviews for minor emotional and behavioural disorders which call for special sessions to evaluate and to divide into groups that react to parental understanding and the group that require psychiatric referral.

The Handicapped School Child

Twenty-five children investigated were of the following groups :

<i>Category</i> (d)	Partial hearing loss	..	2
(e)	E.S.N.	..	12
(f)	Epileptic	..	2
(g)	Maladjusted	..	4
(h)	Physically handicapped	..	1
(j)	Delicate	..	1

Unable to attend normal school (Section 57) of whom several had multiple handicaps	..	3
------------------------------------------------------------------------------------------	----	---

On the whole these groups were placed satisfactorily and with expedition, though in some cases much time was spent on overcoming parental resistance. It must be remarked that the list as set out looks unimpressive : it does not represent the amount of work done on each individual case.

Mr. Amdor, the Area Dental Officer reports as follows :

This is the second annual report submitted by the Area Dental Officer.

The staff consists of Area Dental Officer A. Amdor, L.D.S., R.C.S. (Edin.), Dental Officer A. P. Spackman, L.D.S., R.C.S.(Edin.) ; two Dental Surgery Assistants, Mrs. D. Beeston and Miss I. Ward who joined our staff this year.

The planned regular inspection and treatment of the school population remains our principal task. The systematic inspection of the school population keeps us constantly informed of the dental state of all the school pupils in the Hove area. Also it affords us the opportunity of reviewing our own work from time to time and allows us, also, to see the treatment being carried out for school pupils who do not attend our clinics.

The most important task before us is the maintenance of the oral health of the school population. Because of the prevalence of dental decay, the treatment of decayed teeth therefore takes up the greatest part of our time. In this respect it is gratifying to report that both inspections and conservative treatment have increased over the past year. Inspections have gone up by 10%, whilst fillings have increased by 11%.

The new clinic at Conway Court is now well established and working

well. Since the appointment of Dr. D. Barker, L.D.S., D.Orth., M.R.C.P., L.R.C.S., as orthodontic specialist this branch of our work has taken on a new meaning. We are now in the fortunate position of being able to offer patients the very best and most sophisticated treatment and the results so far obtained are excellent both in respect of the quality of the work and the number of patients treated.

The Special Services Committee of the Education Committee accepted in principle the recommendation of the Area Dental Officer to set up and equip a second surgery at Hangleton Welfare Clinic and to appoint a Dental Auxiliary. It is to be hoped that this decision may be implemented in the near future as it will give us ability to inspect and treat many more pre-school children.

No Post Graduate courses have been attended this year as there has not been a really suitable one available to us. However it remains our policy to take advantage of attending such courses whenever possible. The British Dental Association Conference was held in Brighton in 1968 but Hove was not represented by an official delegate. Nevertheless the Area Dental Officer acted as a steward and this was appreciated by the organising committee.

The first dental health campaign ever to be held in Hove took place during the first week in April (1st to 5th inclusive). This took the form of a visit from Pierre the Clown, who was sponsored by the Apple Council. He toured all the junior and infant schools and gave pupils an instructive as well as amusing talk on the maintenance of Dental Health and Oral Hygiene. All the head teachers agreed that this was a success and that it had a considerable impact on the children at the time. In this connection I should like to thank His Worship the Mayor of Hove, Councillor L. J. E. Sykes, for the support and encouragement he gave us at the time of the campaign and for the interest he showed in our endeavours. The Mayor also took time to visit one of our schools and spoke to the children. This was much appreciated by the pupils and teachers alike. Much more work requires to be done in this field.

I should like to thank all members of the medical, nursing and office staff for their help and all head teachers for their co-operation during the year. My thanks are due particularly to the Borough Education Officer, Mr. O'Sullivan, and all members of the Special Services Committee of the Education Committee for their support ; to Dr. Condon the Borough Medical Officer of Health for his valuable advice and assistance ; to Mr. C. K. Fenton Evans the Chief Dental Officer of the East Sussex County Council for always being ready to offer us the benefit of his considerable knowledge and experience. I should also like to thank Dr. Watson the County Medical Officer and all other County Officers.

As in previous years the B.C.G. programme was carried out by Dr. Toal, one of the Assistant Medical Officers. Pupils of 13 years upwards were Mantoux tested and if negative, immunised against

tuberculosis, provided the parents were agreeable. The number naturally immune was 66 out of a total of 584. The actual number tested was 138 lower than the previous year (1967—722 ; 1968—584). Once again I would like to thank Head Teachers and their staffs for their ready co-operation in the preparation and running of this programme.

The actual numbers involved at each individual school is shown in the table on page 107 of this report.

Miss Bentley, the Speech Therapist, has supplied figures relating to the work done during the year and these are reproduced on page 106.

Conclusion

I would like to thank everybody involved in the work of the School Health Service and particularly the medical, nursing and lay staff for their co-operation during the year.

Others whom I would like to mention are Dr. Watson, County Medical Officer of Health and his staff, Mr. Fenton Evans, Chief Dental Officer, Mr. Amdor, Area Dental Officer, Mr. O’Sullivan, Borough Education Officer.

The continued support and encouragement received from the Education Committee at all times is greatly appreciated.

N. I. CONDON.

DENTAL INSPECTION AND TREATMENT 1968

Inspections—All Ages

(a)	First Inspection at School	..	..	..	5,742
(b)	First Inspection at Clinic	..	..	..	801
	Number of (a) and (b) found to require treatment	..		..	2,610
	Number of (a) and (b) offered treatment	..		..	2,289
(c)	Number of pupils re-inspected at school or clinic	..		..	1,656
	Number of (c) requiring treatment	..		..	822

Orthodontics

New cases undertaken for treatment	..	..	..	2
Completed cases	..	..	..	5
Discontinued cases	..	..	..	1
Number of removable appliances fitted	..	..	..	2
Number of fixed appliances fitted	..	..	..	NIL

Dentures

	<i>Ages incl.</i> 5-9	<i>Ages incl.</i> 10-14	<i>Ages incl.</i> 15 & over	<i>Total</i>
Pupils fitted with F/U or F/L (first time)
Pupils supplied with other dentures (first time)
Number of dentures supplied

Sessions

Treatment	..	..	..	582
Inspection	..	..	..	71.5
Dental Health Education	..	..	..	13

Visits

			<i>Ages incl.</i> 5-9	<i>Ages incl.</i> 10-14	<i>Ages incl.</i> 15 & over	<i>Total</i>
First	..	..	720	418	121	1,259
Subsequent	..	..	1,891	1,424	288	3,603
Additional Courses commenced	..	..	159	99	21	279

Fillings

			<i>Ages incl.</i> 5-9	<i>Ages incl.</i> 10-14	<i>Ages incl.</i> 15 & over	<i>Total</i>
Permanent Teeth	..	..	540	1,534	375	2,493
Temporary Teeth	..	..	2,300	259	—	2,559
Total	..	..	2,840	1,793	375	5,052

Teeth Filled

Permanent Teeth	..	..	459	1,148	352	1,959
Temporary Teeth	..	..	2,006	215	—	2,221
Total	..	..	2,465	1,363	352	4,180

Extractions

Permanent Teeth	..	..	15	99	12	126
Temporary Teeth	..	..	346	126	—	472
Total	..	..	361	225	12	598
General Anaesthetics	..	..	205	88	5	298
Emergencies	..	..	129	57	10	196

All Ages

Patients X-Rayed	..	..	130
Phrophylaxis	..	..	306
Teeth otherwise conserved	..	..	14
Appointments failed	..	..	877
Appointments cancelled	..	..	313
Orthodontic Extractions	..	..	179
Courses of treatment completed	..	..	1,334

PERIODIC MEDICAL INSPECTIONS

Age groups inspected (by year of birth)	No. of Pupils who have received a full medical examination	Physical Condition of Pupils inspected		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any condition recorded at Part II	Total individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1964 and later	—	—	—	—	—	—	—
1963	198	197	1	—	7	20	26
1962	359	359	—	—	22	40	57
1961	37	37	—	—	4	9	10
1960	6	6	—	—	0	1	1
1959	1	1	—	—	1	—	1
1958	164	164	—	—	16	13	24
1957	223	223	—	—	14	16	29
1956	96	96	—	—	—	6	7
1955	12	12	—	—	3	5	8
1954	106	106	—	—	10	2	10
1953 and earlier	335	335	—	—	63	24	80
Total	1,537	1,536	1	—	143	136	253

OTHER INSPECTIONS.

Notes.

A Special Inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	..	230
Number of Re-Inspections	..	..	540
			<hr/>
Total	..	..	770
			<hr/>

INFESTATION WITH VERMIN.

(a)	Total number of individual examination of pupils in schools by school nurses or other authorised persons	4830
(b)	Total number of individual pupils found to be infested	21
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	3
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested as a routine within their first year at school .. *Yes*
2. (a) At what age(s) is vision testing repeated during a child's school life 7, 10 and 14.
3. (a) Is colour vision testing undertaken .. *Yes*
 (c) Are both Boys and Girls tested .. *Yes*
4. (a) By whom is vision testing carried out .. *Medical Officer*
5. (a) Is routine audiometric testing of entrants carried out within their first year at school *Yes*
 (c) By whom is audiometric testing carried out *Health Visitor*

DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No.	Defect or Disease	Periodic Inspections								Special Inspect-ions	
		Entrants		Leavers		Others		Total			
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
4	Skin	9	2	12	7	11	2	32	11	—	—
5	Eyes—										
	(a) Vision ..	34	132	73	8	36	33	143	173	—	—
	(b) Squint ..	8	3	2	1	2	0	12	4	—	—
	(c) Other ..	2	0	0	0	0	0	2	0	—	—
6	Ears—										
	(a) Hearing ..	8	33	0	3	1	7	9	43	—	—
	(b) Otitis Media ..	2	3	0	1	0	0	2	4	—	—
	(c) Other ..	1	0	0	0	0	0	1	0	—	—
7	Nose and Throat	20	21	0	1	2	6	22	28	—	—
8	Speech		11	0	0	2	0	10	11	—	—
9	Lymphatic Glands	1	5	0	0	0	1	1	6	—	—
10	Heart	2	0	4	0	2	0	8	0	—	—
11	Lungs	4	13	4	3	3	6	11	22	—	—
12	Developmental—										
	(a) Hernia ..	0	0	0	0	0	0	0	0	—	—
	(b) Other ..	2	5	1	2	0	4	3	11	—	—
13	Orthopaedic—										
	(a) Posture ..	0	4	1	0	2	4	3	8	—	—
	(b) Feet ..		0	6	2	4	1	3	3	13	—
	(c) Other ..		0	3	1	5	1	1	2	9	—
14	Nervous System—										
	(a) Epilepsy ..		0	0	1	0	2	1	3	1	—
	(b) Other ..		0	1	0	0	3	0	3	1	—
15	Psychological—										
	(a) Development		0	4	0	0	0	1	0	5	—
	(b) Stability ..		2	23	2	1	3	7	7	31	—
16	Abdomen ..		2	4	0	0	1	1	3	5	—
17	Other		0	7	0	0	1	0	1	7	—

PART III. EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of Refraction (including squint)	372
Total ..	372
Number of pupils for whom spectacles were Prescribed	133

Total number of pupils in schools who are known to have been provided with Hearing Aids —

DISEASES OF THE SKIN

	Number of cases known to have been treated
Ringworm (i) Scalp	—
(ii) Body	—
Scabies	1
Impetigo	—
Other skin diseases	32
Total ..	33

OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ..	—
(b) Pupils who received convalescent treatment under School Health Service arrangements ..	—
(c) Pupils who received B.C.G. vaccina- tion	476
(d) Other than (a), (b) and (c) above please specify	—
Total (a)–(d) ..	476

ALARM APPARATUS

During 1968 the Astric Alarm Systems were issued to thirty-two families in Hove and Portslade.

Of these eleven were now reported to be dry and two became cured before actually using the alarm. In seven cases the alarm was said to be ineffective.

Of the remainder some were issued in December and are still in use, whilst the rest have been re-issued for a further period of six weeks as there was still hope that the alarm would eventually effect a cure.

PORTSLADE CHILD GUIDANCE CLINIC, 1968

During the year, 47 children from Hove were referred to the Clinic, details as follows :—

Referred by :

School Medical Officers	22
Family Doctors	14
Parents	2
Transferred from other Clinics	—
Children's Department	1
School Psychological Service	5
Hospitals	—
Probation Officers	2
Schools	—
Education Department	1

Problems :

Personality Problems and Nervous Disorders ..	10
Habit Disorders	5
Behaviour Disorders ..	28
Educational and Vocational Difficulties ..	4
Special examinations for advice re placement ..	—
Special examinations for Juvenile Courts ..	—

How Dealt With :

Advice	6
Psychiatric Treatment	15
Coaching and Treatment	—
Periodic Supervision	1
Withdrawn before completion	7
Awaiting diagnosis	17
Transferred to Other Areas	—
Transferred to supervision of Children's Dept.	—
Transferred to Hospitals	—
Awaiting placement in Special School or Hospital	1

In addition, 15 cases from East Sussex County (including Portslade) have been referred to the Portslade Clinic.

The following summary gives an indication of the work of the Clinic during the year:—

Psychiatrist :

Diagnostic Interviews	41
Treatment Interviews	353

Educational Psychologist (Child Guidance cases) :

Diagnostic Interviews	57
Treatment interviews	29
School visits	45

Child Psychotherapist :

Treatment Sessions	260
Clinic interviews	165
Visits	4

Social Worker :

Interviews at Clinic	81
School visits	2
Home and Other visits	117

SPEECH THERAPY, 1968.

Type of Defect	Discharged				Under Treatment		Total
	Normal	Improved to Maximum	Left School or Area	Non-Attendance	Improved	Not Improved	
Stammer ..	2	—	1	—	2	—	5
Dyslali ..	2?	1	1	3	38	2	56
Cleft Palate ..	—	—	—	—	2	—	2
Other Conditions ..	7	—	7	6	31	5	56
	32	1	9	9	61	7	119

Number of cases under treatment in January 1969 ..	65
New cases referred during the year	66
Number of cases discharged	49
Total number treated	138
Number of Clinic Sessions	375
Number of Visiting Sessions	—
Attendances	1504
Number waiting in December 1967	31

B.C.G. VACCINATION—1968.

		<i>No. Skin Tested</i>	<i>No. Positive</i>	<i>No. Negative</i>	<i>No. Vac- cinated</i>
Davigdor Girls ..	..	47	8	24	24
Cottesmore Secondary ..	..	58	18	40	40
Nevill Secondary ..	..	97	7	79	78
Knoll Boys ..	..	80	4	74	72
Knoll Girls ..	..	52	6	43	43
Brighton, Hove & Sx. Gram.		14	2	11	11
Hove County Boys ..	..	80	5	69	68
Hove County Girls ..	..	90	9	76	75
De La Salle ..	..	37	6	29	29
Deepdene ..	..	10	—	9	9
Hove College ..	..	14	—	13	13
St. Christopher's ..	..	5	1	4	4
Totals, 1967 ..	..	722	70	639	639
Totals, 1968 ..	..	584	66	471	476

